

# **MISSOURI STATE PLAN**

## **COMMODITY SUPPLEMENTAL FOOD PROGRAM**

**Revised for Federal Fiscal Year 2004**

July 2003

Submitted by:

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# **Missouri State Plan – Commodity Supplemental Food Program**

**Revised for FFY 2004**

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INTRODUCTION (Revised FFY 04):

The Missouri Department of Health and Senior Services, Division of Community Health, Section for Nutritional Health and Services, Bureau of Community Food and Nutrition Assistance is submitting a revised State Plan for federal fiscal year 2004 to administer the Commodity Supplemental Food Program (CSFP) in Missouri. This plan explains the procedures for implementation and on-going administration of the CSFP and provides an overview of the Missouri CSFP operations.

Effective March 1, 2003, Missouri's assigned caseload was increased from 5,000 to 10,000. Contracts have been established with the remaining four Second Harvest Food Banks serving Missouri to assure maximum utilization of the additional caseload.

Effective July 1, 2003, the Missouri Department of Health and Senior Services implemented a major reorganization, see Attachment 22. The Division of Nutritional Health and Services and three other Divisions were changed to Sections under the new Division of Community Health.

MISSION, GOALS AND OBJECTIVES (Revised FFY 04):

The Section of Nutritional Health and Services (SNHS) has developed a comprehensive five year strategic plan. The mission of SNHS is to decrease preventable nutrition-related morbidity and mortality throughout the life-cycle. SNHS accomplishes its mission through a core public health functions approach. This includes surveillance and assessment of nutrition-related public health risks; development of policies and programs to promote nutritional health, improvement in awareness of community nutrition issues; and assurance of adequate nutrition for vulnerable women, children and families. Related goals and objectives to accomplish SNHS's mission to reduce nutrition related morbidity and mortality throughout the lifecycle include:

Objective 1: To reduce the incidence of poor birth outcomes in pregnant women at nutritional risk.

Objective 2: To increase the percent of infants who consume nutritionally adequate diets.

Objective 3: To increase the percent of Missouri children and adolescents who consume nutritionally adequate diets.

Objective 4: To decrease the percent of all adults who are at nutritional risk for acute and chronic diseases.

Objective 5: To strengthen the statewide public health nutrition system.

The CSFP complements existing food and nutrition programs (Child and Adult Care Food Program, Summer Food Service Program, Farmer's Market Nutrition Program, Senior Farmer's Market Nutrition Program, WIC Program, Food Stamps Nutrition Education Program and Team

Nutrition) administered by SNHS in meeting these goals and objectives. Specific strategies where the CSFP will play a key role include:

- Increase the percent of pregnant women who have adequate food to meet their nutritional needs through the WIC and Farmers' Market programs and referrals to other sources of food.
- Increase use of appropriate infant feeding practices by families and other infant caregivers.
- Increase access to nutritious foods to eligible children participating in food and nutrition assistance programs such as WIC, CACFP, SFSP, FMNP, and CSFP.
- Increase access to nutritious foods to eligible populations, including the elderly in CSFP.
- Increase participation in food and nutrition assistance programs.
- Increase the percent of Missourians whose eating behaviors are positively impacted by various nutrition education activities.
- Increase food security among Missouri households.

Goals specifically related to the CSFP for this year include:

Goal 1 – FFY 04: Increase from 5,000 to 10,000, the number of food packages distributed on a monthly basis.

Strategies:

1. For the period October 1, 2003 through January 1, 2004 maintain an average per month caseload of at least 95 percent of assigned caseload.
2. By November 1, 2003, evaluate the participation through September 2003 and request additional caseload for Missouri as appropriate.
3. In coordination with the Missouri WIC program and local agencies, by January 1, 2004, implement additional outreach strategies that will assure maximum participation in the CSFP.
4. If additional caseload is approved, coordinate with the Missouri WIC program and local agencies to expand CSFP into areas not yet being served.
5. By September 30, 2004, provide food packages to at least 90 percent of assigned caseload.

Goal 2 – FFY 04: Provide continuing resources, training and support to assure effective and efficient operations of the CSFP in Missouri.

Strategies:

1. By December 1, 2003, develop an external policy and procedure manual for CSFP contractors.
2. By May 30, 2004, convene a statewide CSFP conference to highlight information gleaned from the National CSFP conference and updates to policies and procedures.

3. Provide ongoing monitoring and oversight of CSFP contractors and their administrative claims.

Goal 3 – FFY 04: Improve the nutritional health status of women, infants, children and older adults participating in the CSFP.

Strategies:

1. Collaborate with Healthy Children Nutrition Education Initiative counties, Local Public Health Agencies, Area Agencies for Aging, University of Missouri Extension and other organizations to provide hands-on nutrition education to CSFP participants.
2. Enhance the quality of nutrition education provided to CSFP participants on an on-going basis.

ADMINISTRATION (Revised FFY 04):

The Bureau of Community Food and Nutrition Assistance (BCFNA), in the Division of Community Health and the Section for Nutritional Health and Services (SNHS) administers the CSFP. The BCFNA coordinates and implements fiscal and program policy, food ordering, storage, packaging and transporting activities from USDA to the point of delivery at local distribution sites. This includes monitoring local level CSFP inventory, recordkeeping systems, and receipt and distribution systems; establishing and monitoring state and local food ordering systems; and establishing billing and payment procedures related to food storage, packaging, and delivery at the local level.

STATE AND LOCAL AGENCY IDENTIFICATION (Revised FFY 04):

The Missouri Department of Health and Senior Services (MDHSS) has developed a standard contract and scope of work for entering into agreements with local entities. The contract and scope of work detail the responsibilities of each entity in carrying out the CSFP (**attachment 1**).

BCFNA has established contracts with the six Second Harvest Food Banks in Missouri to manage the Commodity Supplemental Food Program at the local level. Contractors include:

**America's Second Harvest of Greater St. Joseph**  
915 Douglas  
St. Joseph, Missouri 64505  
Phone: (816) 364-3663  
FAX (816) 364-6404  
**Nicholas Saccaro, Executive Director**  
[nsaccaro@secondharvest.org](mailto:nsaccaro@secondharvest.org)

**Bootheel Food Bank**  
PO Box 809  
Sikeston, Missouri 63801-0809  
Phone: (573) 471-1818  
FAX (573) 471-3659  
**Dorene Johnson, Executive Director**  
[djohnson2@secondharvest.org](mailto:djohnson2@secondharvest.org)

**Central Missouri Food Bank**  
2101 Vandiver Dr., Suite B  
Columbia, Missouri 65202-1910  
Phone: (573) 474-1020 (800) 764-3663  
FAX (573) 474-9932  
**Peggy Kirkpatrick, Executive Director**  
[PeggyK@centralmofoodbank.org](mailto:PeggyK@centralmofoodbank.org)

**Ozarks Food Harvest**  
615 North Glenstone  
Springfield, Missouri 65802-2115  
Phone: (417) 865-3411  
FAX (417) 865-0504  
**Bart Brown, Executive Director**  
[bbrown@ccoazarks.org](mailto:bbrown@ccoazarks.org)

**Harvesters - The Community Food Network**  
1811 North Topping  
Kansas City, Missouri 64120-1258  
Phone: (816) 231-3173  
FAX (816) 231-7044  
**Karen Haren, Executive Director**  
[kharen@harvesters.org](mailto:kharen@harvesters.org)

**St. Louis Area Food Bank**  
5959 St. Louis Avenue  
St. Louis, Missouri 63120-1041  
Phone: (314) 383-3335  
FAX (314) 382-3414  
**Frank Finnegan, Executive Director**  
[ffinnegan@stlfoodbank.org](mailto:ffinnegan@stlfoodbank.org)  
Web Page: <http://stlfoodbank.org>

Five of the six food banks have established agreements with other local agencies to serve as distribution and certification sites. See Attachment #23 for current CSFP agencies.

Application packets for local agency participation in the CSFP include (**attachment 2**):

- Agency name, address, telephone number, contact person, authorized representative
- Food distribution sites
- Certification sites
- Area(s) to be served
- Racial/ethnic makeup of population to be served
- Civil Rights compliance
- Outreach efforts
- Nutrition education efforts

Application materials will be sent to interested local agencies within 15 days of request. MDHSS will notify the local agency of approval or denial of its application within 30 days of receipt of a complete application. If the application is denied, MDHSS will advise the local agency of the reasons for denial in writing, and appeal rights will be given. When an agency submits an application and there is no funding available to serve the area, the applicant agency will be notified within 30 days of receipt of a complete application that there are currently no funds available for Program initiation. MDHSS will return the application to the local agency, and maintain a record of the name and address of the applicant agency. The agency whose application was returned due to lack of funding will be notified by MDHSS when funds become available.

PLANS FOR PROGRAM EXPANSION (Revised FFY 04):

The Missouri Department of Health and Senior Services – Bureau of Community Food and Nutrition Assistance will wait until all participation figures for the full fiscal year 2003 are available before submitting the actual number of expansion caseload slots requested for the next caseload cycle.

The Special Supplemental Nutrition Program for Women, Infants and Children in Missouri currently is able to provide services to all applicants in all areas of the state. Therefore the Commodity Supplemental Food Program is targeting the elderly populations in need for program expansion. Tables 2-1 and 2-2 present the elderly population in need in the service areas of the six food bank contractors. Expansion is planned in at least three phases with a long-term goal of serving 20% of the population in need statewide.

Current and requested caseload	Number of elderly adults in poverty	Caseload as of Feb 2003	Percent of potentially eligible served by CSFP	Caseload to be served by Sept. 2003	Percent of potentially eligible served by CSFP
SLAFB	33,971	3,500	10.30%	4,500	13.25%
Bootheel Food Bank	16,558	1,500	9.06%	2,500	15.10%
Harvesters	18,817		0.00%	1,500	7.97%
Ozark Food Harvest	17,756		0.00%	500	2.82%
Central Missouri Food Bank	15,786		0.00%	600	3.80%
America's Second Harvest of Greater St. Joseph	7,576		0.00%	400	5.28%
Statewide	110,464	5,000	4.53%	10,000	9.05%

Table 2-1



Future goals	Number of elderly adults in poverty	Caseload goals phase two	Percent of potentially eligible served by CSFP	Caseload goals phase three	Percent of potentially eligible served by CSFP
SLAFB	33,971	5,000	14.72%	6,794	20.00%
Bootheel Food Bank	16,558	3,000	18.12%	3,312	20.00%
Harvesters	18,817	3,000	15.94%	3,763	20.00%
Ozark Food Harvest	17,756	1,200	6.76%	3,551	20.00%
Central Missouri Food Bank	15,786	1,800	11.40%	3,157	20.00%
America's Second Harvest of Greater St. Joseph	7,576	1,000	13.20%	1,515	20.00%
Statewide	110,464	15,000	13.58%	22,093	20.00%

Table 2-2

Each food bank will evaluate the need within its service area, identify target areas for expansion of the Program, and establish agreements with agencies and organizations to serve as distribution and certification sites. BCFNA will monitor caseload utilization monthly to determine if reallocations are needed to assure maximum benefits to Missouri's eligible population.

#### CERTIFICATION:

Local agencies will certify the eligibility of women, infants, children and the elderly for the CSFP. A sample copy of the certification form used is included as **attachment 3**, as well as the income criteria for women, infants, children and the elderly (**attachment 4**).

Categorical eligibility will be determined using the following criteria:

CATEGORY	DEFINITION	VERIFICATION OF ELIGIBILITY	INCOME VERIFICATION
Elderly	Persons 60 years of age or older.	Birth certificate or hospital record of birth are preferred; if not available, may use any of the following which must show the applicant's name, age or date of birth: state identity card, insurance policy, driver's license, clinic, doctor or hospital record, U.S. passport or U.S. citizen ID card, marriage or divorce record, voter's registration, military record, newspaper notice of birth, welfare card, any other document providing identifying data sufficient to establish age.	Self declared.
Pregnant Woman	Woman <u>determined</u> to have one or more fetuses in utero.	Visual observation if the woman is obviously pregnant. Written note from a physician if pregnancy is not obvious.	Self declared income or a current notice of eligibility for food stamps or TA (Temporary Assistance).
Postpartum Woman	Woman up to 12 months after termination of pregnancy.	Birth certificate or hospital record of birth or newspaper notice of birth of infant (with date indicated) or physician's notice of an otherwise termination of pregnancy.	Same as pregnant woman.
Breastfeeding Woman	Woman up to one year postpartum who is breastfeeding her infant.	Same as postpartum woman and woman does not take more than six cans of concentrate or two cans of powdered supplementary formula for her infant and states she is breastfeeding.	Same as pregnant woman.
Child	Person who is at least one year of age but has not reached sixth birthday.	Birth certificate or hospital record of birth; if not available, use any of the following showing name and birthday: immunization record, adoption record, clinic, doctor or hospital record, U.S. passport or U.S. citizen ID card, welfare ID card, or any other document providing identifying data sufficient to establish proper age.	Same as pregnant woman.
Infant	Person under one year of age.	Same as for children.	Same as pregnant woman.

Eligibility determinations are made by authorized certifying personnel. All certification data is recorded on the certification form. Certification records are maintained by the local agency. Participants will receive an identification card or sign a preprinted roster that will enable them to receive the food package.

The Bureau of Community Food and Nutrition Assistance has developed guidance materials and forms, as well as a training program and training materials to assist local agencies with the certification process. It was decided that income verification will not be required in the Missouri CSFP. Participants will be able to self-declare their income. This procedure is subject to change upon review and evaluation.

Nutritional Risk:

Nutritional risk criteria will not be evaluated in the Missouri CSFP.

Residency Requirement:

Persons eligible for Missouri's CSFP must reside in Missouri, within the service area of the local agency. There are no duration or fixed residency requirements. Migrant and seasonal farm workers shall be considered as meeting the residency requirement. Local agencies are authorized to serve residents from counties outside their normal service area as long as the area served does not overlap another local agency's service area.

Elderly persons living in nursing homes are not eligible for CSFP benefits.

Verification of residency may include a utility bill, driver's license, welfare identification card, a letter addressed to the applicant, or an indication from an employer that residency is in Missouri.

Waiting Lists:

Certifying personnel will be notified when maximum caseloads are reached and a waiting list will be implemented (**attachment 5**). The waiting list will include, at a minimum:

- The applicant's name.
- Date placed on the waiting list.
- An address or phone number of the applicant.
- Applicant's status, i.e., pregnant, breastfeeding, child's age.

Individuals will be notified of their placement on a waiting list within 20 days after they visit the local agency during regular office hours (**attachment 6**). Participants placed on the waiting list will be told verbally that they are being placed on a waiting list or they will be notified in writing. A copy of the notification will be retained in the participant's file. If verbal notification is given, it will be documented on the waiting list form.

If there is no waiting list, a person determined eligible for program benefits will receive supplemental foods within 10 days of notification of eligibility.

Individuals who are determined to be ineligible for participation in the CSFP will be notified of their ineligibility within 20 days of the first on-site visit to apply for program benefits.

Fair Hearings:

At the time of certification and recertification, applicants are informed that they have a right to a fair hearing and that they may appeal any decision made by the local agency regarding denial or termination from the CSFP. They will also be informed in writing of the illegality of dual participation in the CSFP and the WIC Program, and of dual participation in two different CSFP Programs. A certification statement to this effect will be included on the certification form.

The local agency will inform applicants, in writing, of their ineligibility for program benefits (**attachment 7**). A copy of the notification will be maintained in the applicant's file. The notification will also include a statement of their right to a fair hearing. Applicants wishing to appeal denial or termination of benefits will have 60 days from the date of notice of ineligibility. The request for a hearing is defined as any clear expression by the individual, guardian, or other representative that an opportunity to present its case to a Hearing Officer is desired.

Certification periods:

Each participant will be certified for Program benefits for a designated interval.

CATEGORY	CERTIFICATION PERIOD
Elderly	Certified at the time of entrance into the program and at six month intervals. At the initial and each odd-numbered certification (one year intervals), the elderly person's certification shall be based on an assessment of newly submitted eligibility information. On each even-numbered certification (first six month interval, annual intervals thereafter), recertification can be done by contacting the elderly people to see if they are still interested <u>and by confirming each participant's address</u> . If they are interested, they can be continued for another six months. Even and odd-certification periods will be documented on the certification form.
Pregnant Woman	A pregnant woman will be certified at the time of entrance into the program for the duration of her pregnancy and for six weeks postpartum.
Postpartum Woman	A woman enrolled in the program during pregnancy will be screened for recertification within six weeks of termination of the pregnancy for a six month certification period. She is eligible for benefits through the month her infant turns one year of age, using two certification periods.

	<p>A postpartum woman not enrolled during pregnancy may be screened for certification at any time up to one year postpartum by using six month intervals, not to extend beyond the month her infant turns one year of age.</p>
Breastfeeding Woman	<p>A breastfeeding woman enrolled in the program during pregnancy will be screened for recertification within six weeks of termination of pregnancy as a breastfeeding woman.</p> <p>A breastfeeding woman not enrolled during pregnancy may be certified at any time up to one year postpartum. A woman will be certified as breastfeeding at intervals of six months. A woman certified as breastfeeding is terminated the month her baby turns one year of age regardless of the length of the certification period.</p> <p>If a breastfeeding woman participant stops breastfeeding at any time before the end of the six month certification period, her condition status changes from breastfeeding to postpartum. If waiting lists are imposed, she will continue to receive benefits until the end of her current certification period, at which time she will be re-evaluated based on priority needs.</p> <p>NOTE: A woman's status of breastfeeding ends when breastfeeding is discontinued during the baby's first year, or with the end of the month that the infant turns one year of age.</p>
Child	<p>A child will be certified at the time of entrance into the program and at six month intervals thereafter. A child will be terminated from the CSFP no later than his/her sixth birthday. Program benefits may be continued until the end of the month in which the child has his/her sixth birthday.</p>
Infant	<p>An infant will be certified at the time of entrance into the program and at six month intervals thereafter. An infant born to a CSFP mother can be issued food for one month based on the mother's eligibility, however, before the next month's food is issued, a certification screening must be completed for the infant.</p> <p>Category and priority change from infant to child will take place at one year of age. Rescreening will not be required if six months has not lapsed. An infant's food package can be given the month the infant turns one year of age, or a child's package can be given at the mother's discretion.</p>

Dual Participation:

As part of the certification process, applicants will be informed of the illegality of simultaneous participation in the WIC program and the CSFP, and of simultaneous participation in more than one CSFP.

Review of dual participation will be conducted by the State Agency (SA). On a quarterly basis, the SA will require the local agency to submit electronically an Excel spreadsheet listing each woman, infant and child participant by name and social security number (**attachment 8**). If a social security number is not provided or not available, the participant's complete address and date of birth must be provided. The SA will conduct an electronic search of the WIC database by matching social security numbers or other demographic data from the Excel spreadsheet.

Participants found to be dually participating in WIC and CSFP will be terminated from one of the programs immediately, and will be notified of disqualification from the other program for a period not to exceed three months. Fair hearing information will be given to the participant at the time of disqualification.

SA staff will provide follow-up on all participants found to be dually participating in CSFP and WIC for the purpose of assuring that dual participation has been suspended.

The Bureau of Community Food and Nutrition Assistance has developed a Memorandum of Agreement (MOA) with the Bureau of Nutrition Services and WIC (both in the Department of Health and Senior Services, Section for Nutritional Health and Services) which outlines plans for the detection and prevention of dual participation (**attachment 9**). A new MOA for the period of October 1, 2002, to September 30, 2003, will be submitted to the USDA in October 2002.

Health and Social Services Referrals:

At the time of certification, each applicant will be given information about the food stamp program, Missouri's expanded Medicaid program (MC+), Medicare, Temporary Assistance, SSI, the WIC Program and Child Support Enforcement Program information. They will also be given a toll free number (1-800-Tel-Link) to get information about these programs and other referral services. The local agency making the certification will verify receipt of this information by checking a box on the certification form. A copy of the referral information provided to each participant at the time of certification is included as **attachment 10**.

CASELOAD MANAGEMENT:

The Missouri Department of Health and Senior Services – Bureau of Community Food and Nutrition Assistance has requested caseload to serve women, infants, children and elderly persons. Caseloads will be managed and prioritized in the following manner:

Priority 1: Pregnant or breastfeeding women or infants at risk of inadequate diet due to limited income.

Priority 2: Children at risk of inadequate diet due to limited income, ages 1 through 3.

Priority 3: Children at risk of inadequate diet due to limited income, ages 4 through 5.

Priority 4: Postpartum women at risk of inadequate diet due to limited income.

Priority 5: Elderly person at risk of inadequate diet due to limited income and are confined to their homes because of a physical disability, medical reason, lack of accessibility to a motor vehicle or lack of a valid driver's license or a restricted driver's license.

Priority 6: Elderly person at risk of inadequate diet due to limited income, and is not homebound.

BCFNA is requesting a caseload of 10,000 per month for FFY 2004.

#### Outreach Efforts:

Outreach activities will be conducted at both the State and local agency level. At the state level, activities will be coordinated with the WIC state agency. All persons applying for the WIC program who cannot receive WIC benefits because of caseload limitations or lack of risk factors required for WIC certification will be referred to the CSFP program nearest to them. Local CSFP agencies will also work closely with the WIC agencies in their areas to market the program. Outreach flyers have been developed to promote and advertise the CSFP in WIC agencies.

Outreach to elderly populations will be conducted through the Area Agencies on Aging. Pamphlets and brochures outlining the program benefits and criteria for participation will be made available to the agencies and the senior centers they serve. A toll free number will be provided to direct potential participants to the nearest CSFP local agency.

Public service announcements in the local newspapers will emphasize program benefits. Posters and brochures will be placed in social service outlets, doctors' offices, clinics, child care centers, hospitals, social security offices, senior citizen centers, churches and unemployment offices. The state will work closely with local agencies to assure that all outreach activities are conducted in accordance with the plan. A statewide press release, issued through the Missouri Governor's Office, was released on July 17, 2003 (**attachment 11**). In addition, each local agency has been provided with brochures to post and/or distribute to local businesses and other community agencies announcing the availability of the program and where to go to get benefits (**attachments 12 and 13**).

#### Area Need:

The Bureau of Community Food and Nutrition Assistance (BCFNA) and the Bureau of Nutrition Services and WIC (BNSWIC) are both in the Division of Nutritional Health and Services. Both

bureaus collaborate frequently on outreach, planning, and data sharing. The BCFNA continues to work closely with BNSWIC to identify unserved populations and conduct outreach. BNSWIC has provided data to BCFNA on the number of postpartum women currently enrolled in the program, as well as the number of four year old children currently enrolled in WIC who will be eligible for the CSFP in the coming months. This data is being provided on an ongoing basis **(attachment 14)**.

BCFNA is also working with the Division of Aging to determine potential elderly clients in the service areas. This data will be compiled to provide an estimate of the total potential eligible clients to be served through the CSFP. Preliminary figures obtained from the Census Bureau indicate a significant number of elderly adults live in poverty in the service areas **(attachment 15)**.

#### Homebound Elderly:

Local agencies will be required to make arrangements to meet the needs of homebound elderly. They will be encouraged to coordinate these efforts with the local Area Agency on Aging (AAA), and the homebound “Meals on Wheels” program. Local agencies will work with AAAs to identify potential homebound participants, to conduct outreach, and to conduct certification and delivery of food packages. Local agencies will also allow designated proxies to pick up food packages for homebound elderly individuals.

Local agencies conduct training to volunteers in the communities to take applications to elderly persons and to collect appropriate information and documentation. Actual certification of the homebound elderly will occur at the certification sites.

Food packages will be delivered directly by the local agency, by volunteers and/or proxies or, if possible, by programs in the AAA, such as the “Meals on Wheels” program. Each food package delivered will also include information on program benefits and services.

A participant roster will be issued with the food package distribution, and the homebound elderly recipient or their proxy will be required to sign the roster upon delivery.

Local agencies will be required to develop plans for recruiting, training and managing volunteers who certify and/or deliver food packages to the elderly.

#### NUTRITION EDUCATION:

Nutrition education will be based on the following two broad goals:

- To emphasize the relationship of proper nutrition to the total concept of good health, with special emphasis on the nutritional needs of pregnant, postpartum and breastfeeding women, infants and children under 6 years of age and elderly persons age 60 and over; and



- To assist participants in making positive changes in food habits, resulting in improved nutritional status and in the prevention of nutrition related problems through maximum use of the supplemental food packages and other nutritious foods. This is to be presented within the context of ethnic, cultural and geographical preferences.

The Section for Nutritional Health and Services (SNHS) has nutrition education resources that are available to local agencies. Many of these materials are also available free or at low cost should the local agencies wish to obtain their own resources. In addition, SNHS has a variety of pamphlets and brochures available for use with WIC clients and with Food Stamp households through the Missouri Nutrition Network that promote healthful eating habits, including principles from the Food Guide Pyramid, the Dietary Guidelines for Americans, and the Five A Day Program. All these resources will be available to local agencies to assist them in promoting nutrition education to eligible clients. Recipe and menu ideas will also be made available to CSFP program participants.

In addition, the Bureau of Community Food and Nutrition Assistance (CFNA) will work closely with their own Nutritionists, the University Extension Service and the Expanded Food and Nutrition Education Program (EFNEP) to provide hands-on nutrition education and food demonstrations.

#### Evaluation of Nutrition Education:

A survey will be developed by CFNA to evaluate the effectiveness of nutrition education efforts. The surveys will be administered to participants via the mail or as part of the recertification process. The surveys will be compiled and results tabulated on an annual basis.

#### FOOD DELIVERY SYSTEM:

USDA supplemental foods will be shipped directly from the USDA contracted warehouse to the CSFP local agency warehouse. The state will not directly warehouse or distribute supplemental foods. Local agencies will be notified of a commodity shipment via a Forwarding Notice. Actual preparation and distribution/delivery of the food packages will be completed at the local agency distribution sites, as determined at the time of the local agency's initial application to participate in the CSFP.

#### Local Level Distribution:

Participating local agencies will be responsible for recruiting and/or establishing food distribution sites. Each site must conform to local, state and federal health standards and must enter into an agreement with the local agency to assure proper food handling, storing, and distribution procedures and recording requirements are maintained.

Distribution sites, under agreement with the local agency, shall assure that adequate care and security is provided for the food while in their possession. Foods will be stored in adequate and

secured areas at each distribution site to safeguard them from spoilage, infestation, fire and other losses. These storage areas may also be used to store The Emergency Food Assistance Program (TEFAP) commodities or other USDA foods for local use and distribution. Inventory and distribution amounts as well as participant data will be reported to BCFNA each month before additional foods are ordered.

Participants will pick up food packages at their designated distribution site once each month during the distribution site's normal hours of operation. Staff at the site will verify recipient eligibility prior to distributing the foods. Food packages will be prepared by staff and/or volunteers at the local agency warehouse.

#### Inventory Control:

Local agency staff are responsible for maintaining a system that will account for all foods received and distributed, and for reporting month-end inventory and distribution summaries to the Bureau of Community Food and Nutrition Assistance (BCFNA).

Local agencies will be required to submit the following reports on a monthly basis:

- A month-end physical inventory must be completed by each distribution site and consolidated to an agency-wide inventory report (**attachment 16**).
- A month-end status report (FNS-153) that accurately reflects food receipts and distributions for the entire one month period shall be submitted to BCFNA by the 20<sup>th</sup> day of the following month (**attachment 17**).

#### Commodity Losses:

Loss of USDA food may occur through theft, pilferage, damage, contamination from improper storage and handling, infestation, or spoilage. All losses must be reported to BCFNA in writing.

Damage losses detected before or at the time of issuance to participants must be reported on a Commodity Loss and Damage Report form (**attachment 18**). This report will be submitted with the FNS-153 at the end of the month.

In the event there are damage losses of more than a few cases of a single product or more than \$100.00, state approval will be required before the food can be destroyed. Information will be collected concerning large losses and a claim determination made based on the value of the foods lost and evidence of negligence on the part of the local agency. If negligence is involved, the agency responsible will be required to refund the value of the foods donated.

All local agencies, warehouse personnel and other persons are subject to a claim determination and the corresponding repayment responsibility as a result of the following:

- Improper distribution or use of donated foods.

- Loss of USDA donated food which is caused by neglect, carelessness, and or willful mishandling. “Loss” means any quantity of USDA donated foods that are unaccounted for (including physical count discrepancies) or which have become unusable for human consumption.
- Damage to USDA donated foods which is caused by neglect, carelessness, and/or willful mishandling.

#### Estimating and Maintaining Quarterly Food Needs:

Food orders will be based on a comparison of existing products on hand at the local agency against product movement and usage history. Monthly inventory reports will be the primary tool used to evaluate the level of product on hand, and status reports will be used to evaluate product movement and usage. BCFNA will work closely with the local agencies to project or anticipate major caseload changes which might result in fluctuating inventory needs.

The accuracy and effectiveness of this system will be monitored on an on-going basis, using monthly reports and on-site monitoring to assure that excess product is not accumulating at distribution sites, and that procedures are in place to adjust orders as needed.

Insurance: The state will not be purchasing insurance to protect the value of foods that are to be stored, as there will be no state level storage facility. Commodity foods will be shipped directly to the local agencies from the USDA storage facility.

#### MANAGEMENT EVALUATION AND REVIEW:

Each local agency that contracts with the Missouri Department of Health and Senior Services will be monitored each year. Program areas to be reviewed during this monitoring visit include certification procedures and documentation, procurement and property, outreach, referral, nutrition education, civil rights, fair hearing, records and reports, financial management, audits, food delivery system, and program costs.

Ongoing monitoring will be conducted on a monthly basis by reviewing monthly reports, inventories, and status reports.

State staff will be designated to conduct monitoring activities. The Bureau of Community Food and Nutrition Assistance (BCFNA) and the Bureau of Nutrition Services and WIC (BNSWIC) have professional nutrition staff located in various areas of the state, including St. Louis, Kansas City, Springfield, Cape Girardeau, Poplar Bluff, Macon and Jefferson City. All staff are experienced in conducting contract monitoring reviews, and have been monitoring Child and Adult Care Food Program, Summer Food Service Program, WIC or FMNP operations for years. These monitoring reviews include all activities listed above, plus an evaluation of the food service operation and sanitation practices.

On site reviews will be tracked via a computerized database, similar to what is currently being used by the Child and Adult Care Food Program. Monitoring activities will be documented on a standard form that has been developed to encompass all areas of the CSFP operations (**attachment 19**). Areas of non-compliance will be noted on the forms. Within 30 calendar days of the review, a written report will be issued to the local agency. The local agency will be required to follow-up any area of non-compliance with a written corrective action plan. The corrective action plan will be reviewed by the individual who conducted the review to assure that the plan is feasible and complete.

#### STATE PLANNING:

The Bureau of Community Food and Nutrition Assistance (BCFNA) has begun to develop policies and procedures for the program. On an ongoing basis, BCFNA will work with local agencies, community groups, local health agencies, and other interested parties to solicit input and ideas for subsequent state plans. In May 2002, copies of the State Plan were distributed to local agency contractors, Central Office and District WIC staff, and to Division Management for review and comment, and to provide additional suggestions for inclusion in this plan. Comments and suggestions were requested by June 15, 2002. In August 2002, the state plan will be posted on the Division of Nutritional Health and Services web page to solicit input/comments from stakeholders. Comments received this year will be incorporated in next year's plan.

#### FINANCIAL MANAGEMENT SYSTEM:

The State of Missouri has a comprehensive, automated, financial management system in place to assure accurate and timely drawdown of federal funds. The State's SAM II financial management system assigns each agency, bureau, program unique fund codes to which all purchases and expenditures for the program are coded. The SAM II system also provides access to a data warehouse of financial information that can be accessed almost any time throughout the month during regular business hours. The data warehouse provides timely reports of funds available and year to date expenditures.

Local agencies will be required by contract to follow state or federal procurement procedures. **Attachment 20** is a copy of the current State indirect cost agreement. The new agreement has not yet been approved and we are still operating under the old agreement.

Both the State Agency and local agencies contracted with the department will be required to maintain property inventory records for all equipment purchased in whole or in part with federal funds. State policy requires that property valued at \$1,000.00 or more purchased with state and/or federal funds must be inventoried and maintained on annual property inventory records at the state agency. In addition, these records will be maintained on file at the respective agencies, and will be monitored annually as part of the monitoring process.

Local agencies wishing to use federal and/or state funds to purchase equipment valued at or above \$5,000.00 will be required to obtain prior written approval from the State Agency. The

State Agency will obtain prior written approval from the USDA Mountain Plains Regional Office for equipment purchased in whole or in part with federal funds in excess of \$5,000.00

Funds will be made available to each of the local CSFP agencies through contracts by the Missouri Department of Health and Senior Services. The contracts will specify the services to be performed according to federal regulations and the state plan of operation. Contracts will also specify the allocation of administrative funds. All payments for administrative funds will be disbursed in the form of reimbursements for administrative costs incurred by the local agency under contract with the state and will be recorded and monitored through the statewide SAM II system.

The local agencies will be responsible for the cost of distributing the commodities from their location to recipients or other distribution sites.

Contractors will submit requests for reimbursement of administrative costs incurred in the operation of the CSFP. These requests will be in the form of a completed pre-printed cost claim for reimbursement (**attachment 21**). Any claims which contain expenses that do not reflect appropriate program expenditures will be adjusted pending further justification from the contractor.

#### COMPLAINTS:

During certification all participants and potential participants will be informed of their rights and obligations. Participants will be advised of the policy of non-discrimination and the procedure for filing a complaint if they believe they have been discriminated against.

Depending on the nature of the complaint, i.e., food or services, the problem will be promptly investigated by the local agency and the person making the complaint will be notified of the results in writing. All persons making complaints will be notified of their right to a fair hearing so they may take further steps should their complaint not be satisfactorily resolved.

Complaints suggesting a potential health hazard will be reported immediately to the Missouri Department of Health and Senior Services (MDHSS) by the local agency. MDHSS will immediately refer the matter to the Section for Environmental Public Health, the U.S. Department of Agriculture, and the local public health agency for prompt follow-up and resolution.

All complaints will be documented along with appropriate and necessary corrective action. Follow-up on complaints will be conducted within 30 days of resolution of the complaint to assure that all problems have been corrected.

The distributing agency, in cooperation with the local agency, will investigate promptly complaints received in connection with the distribution or use of donated foods, correct any irregularity, and inform the local agency and MDHSS. The distributing agency will maintain

documentation on file of complaints and actions taken. MDHSS reserves the right to make investigations and has the final determination as to when a complaint has been properly adjusted. Serious irregularities will be reported to USDA by MDHSS in writing.

AUDITS:

In compliance with federal regulations, all CSFP local agencies and the State Agency will be audited on an annual basis. Audits will be conducted by an independent certified public accountant firm or the State Auditor's Office. Each audit will cover a period of not less than one year, and will cover the program year completed most recently, unless circumstances dictate the need for a more immediate audit. Audits will be tracked and follow-up provided by the MDHSS Office of Internal Audit. A copy of the MDHSS organizational chart is attached to demonstrate the independence of the audit function (**Attachment 22**).

CIVIL RIGHTS:

MDHSS will take the following actions to assure Civil Rights requirements are met:

Data Collection:

Each local agency and/or each distributing agency will be required to collect the number of participants receiving food packages by racial/ethnic category on an annual basis. This count may be collected as a manual head count of food package recipients, or may be collected from a review of certification forms. Each local agency will be monitored for compliance to this requirement.

Public Notification:

On an annual basis, MDHSS will submit, on behalf of each local agency, a press release to appropriate Missouri newspapers, radio stations, and television stations, to announce the availability of the CSFP. Eligibility criteria and income guidelines will be published with the press release. The press release will also be posted on the Section for Nutritional Health and Services web page at [www.dhss.state.mo.us/MissouriNutrition](http://www.dhss.state.mo.us/MissouriNutrition).

In addition, each local agency, distribution site, and certification site will be required to post, in a prominent location, the "And Justice for All" poster. Written materials used to promote or advertise the program will also contain the non-discrimination statement and procedures for filing a complaint.

Compliance Review Process:

Each local agency will be reviewed annually to determine compliance to Civil Rights requirements. Review forms will be developed to specifically address each compliance issue.

Complaints:

MDHSS will follow procedures listed below for handling complaints of discrimination:

All complaints alleging discrimination based on race, sex, age, color, national origin or disability will be accepted, either verbally or written. In the event of a verbal complaint, a staff person of the local agency or of MDHSS will prepare a written report of the complaint on behalf of the participant.

All complaints received by the local agency or MDHSS, either verbal or written, which allege discrimination shall be referred to the MDHSS Human Relations Officer III, in the Office of Personnel and to the USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410. A copy shall be sent to the USDA Mountain Plains Regional Office.

#### FAIR HEARINGS:

##### Fair Hearings for Individuals:

Program applicants or participants will be informed of their right to a fair hearing at initial and subsequent certifications. Appeal rights are provided at the time of a claim for repayment of the cash value of improperly issued benefits or denial of participation or disqualification.

Individuals will be notified, in writing, of their ineligibility for the program. A copy of this form will be retained by the local agency. Any individual found ineligible at any time during a certification period will also be notified in writing. Participants will be notified a minimum of 15 days prior to termination of program benefits. They will also be informed of their right to a fair hearing.

Participants will also be notified at least 15 days prior to expiration of their certification period that the period is about to end. Local agencies, at the time of application or when notifying persons found ineligible of their right to a fair hearing, will be advised of the method of requesting a hearing and their right to be represented at the hearing by a friend, legal advisor, or other representative of their choice, and give them a summary of the hearing process.

MDHSS will notify, in writing, the person against whom the pursuit of collection of benefits improperly issued is undertaken, of the reasons for the claim, the value of the improperly issued benefits, and of the right to a fair hearing. Any positions or arguments on behalf of the individual may be presented personally or by a representative such as a relative, friend, legal counsel, or other spokesperson.

Local agencies will advise those found ineligible that they have up to 60 days from notification of ineligibility to request a fair hearing from the local agency. The request for a hearing is defined as a clear expression by the individual, guardian, or other representative that an opportunity to present its case to a higher authority is desired.



If a hearing is requested within the 15 day time period by participants found ineligible at any time during a certification period, benefits will be continued or reinstated until a decision is reached or the certification period expires, whichever occurs first. Applicants, who are denied benefits at initial or subsequent certifications, shall not receive benefits while waiting for the hearing.

All requests for fair hearings will be carried out by officials of the local agency. Local agencies will be required to appoint a hearing officer for the purpose of conducting fair hearings. The local agency will be required to attest to the appointment of a fair and impartial hearing officer. The local agency will be required to schedule and conduct the hearing within 30 days from the date of the request for the hearing. Those requesting the hearing will be notified in writing no less than 10 days in advance of the time and place of the hearing.

A request for a hearing will not be dismissed or denied unless:

- The request is not received within 60 days from the notice of adverse action; or
- The request is withdrawn in writing by the appellant; or
- The appellant or appellant's representative fails, without good cause, to appear at the scheduled hearing; or
- The appellant has been denied participation by a previous hearing and cannot provide evidence that circumstances relevant to program eligibility have changed in such a way as to justify a hearing.

If the hearing decision is in favor of the appellant, and benefits were denied or discontinued, benefits shall begin immediately.

If the decision concerns disqualification and is in favor of the agency, as soon as administratively feasible, the local agency shall terminate any continued benefits, as determined by the hearing officer.

If the decision regarding repayment of benefits by the appellant is in favor of the agency, the local agency shall resume its efforts to collect the claim, even if the appeal is pending a hearing at the state agency level.

All records of the hearing shall be retained in accordance with program regulations and shall be available to the appellant or appropriate representative.

#### Fair Hearings for Local Agencies:

All requested fair hearings will be conducted within three weeks of the date the department receives the request for a hearing. Those requesting a hearing will be notified in writing a minimum of ten days in advance of the time and place of the hearing and of the hearing procedure.

Requests for fair hearings by local agencies to MDHSS will be conducted by an Attorney at Law under contract with the Missouri Department of Health and Senior Services to hear appeals of Child Nutrition Programs. Since this is a contractual relationship, executed solely for the purpose of presiding at hearings, hearings will be conducted in a fair and impartial manner. The hearing will be conducted within 30 days from the date of request for the hearing. Those requesting the hearing will be notified in writing no less than 10 days in advance of the time and place of the hearing.

The appellant will be notified in writing of the decision of the Hearing Officer within 30 days of the hearing. All decisions shall be based on facts found in the hearing record, and the parties will be notified of their right to appeal the decision to the district court within 30 days. The Hearing Officer's decision is binding on the state and the local agency, and if in favor of the appellant, program benefits shall begin within 30 days.

**Federal Fiscal Year 2004, October 1, 2003 through September 30, 2004****1.0 PURPOSE:**

The Missouri Department of Health and Senior Services (herein referred to as the Department), contracts with non-profit organizations (herein referred to as Contractors) to operate the Commodity Supplemental Food Program (herein referred to as the Program), according to federal regulation 7CFR Part 247 and State and Department policies and procedures to:

- 1.1 Provide commodity food packages to low-income pregnant women, postpartum women, breastfeeding women, infants, children up to age 6, and elderly persons age 60 and over, to enhance nutrition for vulnerable Missourians.
- 1.2 Manage the Program and funds accountably and appropriately to achieve the desired standards and outcomes of the Program, which includes the improved health of low-income pregnant and breastfeeding women, other new mothers up to one year postpartum, infants, children up to their 6<sup>th</sup> birthday, and older persons at least 60 years of age by supplementing their diets with nutritious commodity foods.
- 1.3 Manage the commodity supplemental foods received effectively and efficiently to avoid spoilage and waste.

**2.0 DEFINITIONS:**

- 2.1 Administrative costs: those direct and indirect costs which the Department and Contractors determine to be necessary to support Program operations.
- 2.2 Breastfeeding women: women up to one year postpartum who are breastfeeding their infants.
- 2.3 Caseload: monthly average number of persons a Contractor is authorized to serve over a specified period of time.
- 2.4 Categorical ineligibility: persons who do not meet the definition of pregnant women, breastfeeding women, postpartum women, infants, children, or elderly persons.
- 2.5 Certification: the use of criteria and procedures to assess and document each applicant's eligibility for the Program.
- 2.6 Children: persons who are at least one year of age but have not reached their sixth birthday.
- 2.7 Contractor: a public or private nonprofit agency, which enters into an agreement with the State agency to administer the Program at the local level. A Contractor determines the eligibility of applicants, distributes supplemental food and provides nutrition education to low-income persons, either directly or through another agency with which it has entered into a written agreement.
- 2.8 Distributing agency: a sub-contracting agency, which has entered into an agreement with a Contractor for the distribution of commodities.
- 2.9 Dual participation: simultaneous participation by an individual in the CSFP in more than one Contractor or clinic, or simultaneous participation in the CSFP and in the Special Supplemental Nutrition Program for Women, Infant and Children (WIC).
- 2.10 Elderly persons: persons 60 years of age and older.

- 2.11 Homebound elderly persons: persons who are, in the judgment of the Contractor, unable to obtain monthly food packages without assistance provided by or through the Contractor.
- 2.12 Infants: persons under one year of age.
- 2.13 Nonprofit agency: a private agency, which is exempt from income tax under the Internal Revenue Code of 1954, as amended.
- 2.14 Participants: pregnant women, breastfeeding women, postpartum women, infants, children and elderly persons who are receiving supplemental foods under the Program.
- 2.15 Participation: the number of person who have received supplemental foods through the Program in the reporting period.
- 2.16 Postpartum Woman: a woman who is up to 12 months past termination of her pregnancy as verified by a birth certificate, hospital record of birth, a newspaper notice of birth, or a physician's notice of termination of pregnancy.
- 2.17 Pregnant Woman: woman determined to have one or more fetuses in utero as verified by visual observation or written note from a physician.
- 2.18 State agency: the Missouri Department of Health and Senior Services.
- 2.19 Supplemental foods: food donated by the U.S. Department of Agriculture for use by eligible persons in low-income groups who are vulnerable to malnutrition.

### **3.0 CONTRACTOR RESPONSIBILITIES:**

#### **3.1 GENERAL:**

- 3.1.1 The Contractor shall comply with all fiscal and operational requirements prescribed by the Department and the federal regulations 7CFR Part 247. The Contractor shall:
  - 3.1.1.1 Provide adequate personnel and facilities for the receipt, storage and distribution of CSFP commodities.
  - 3.1.1.2 Maintain accurate and complete records to account for the receipt, storage, and distribution of CSFP commodities.
  - 3.1.1.3 Provide an assurance that nutrition education will be provided as required.
  - 3.1.1.4 Provide an assurance the women, infants and children are advised against the prohibition to participate in WIC or another CSFP at the same time.
  - 3.1.1.5 Advise participants of the importance of health care and provide appropriate referral to obtain such care.
  - 3.1.1.6 Provide assurance that issuance of supplemental food is in accordance with FNS food package instructions.

- 3.1.1.7 Accept responsibility for any loss of commodity foods resulting from improper or negligent issuance of prescriptions for supplemental foods.
- 3.1.1.8 Accept responsibility for any Program losses caused by other agencies, which have entered into an agreement with the Contractor.
- 3.1.1.9 Provide the names and address of each certification, food distribution and storage site under the jurisdiction of the Contractor.
- 3.1.1.10 Maintain accurate and complete records with respect to activities under the Program and retain such records for a period of three years following the date of submission of the final expenditure report for the period to which the report pertains.
- 3.1.1.11 Enter into a written agreement with another agency(s), if the agency cannot fulfill one or more of these requirements. The written agreement shall:
  - 3.1.1.11.1 Be submitted with the Contractor's application for participation in the CSFP.
  - 3.1.1.11.2 State the Program responsibilities of the other agency.
  - 3.1.1.11.3 Be approved by the Department.
  - 3.1.1.11.4 Be on file with both the Contractor and the Department.
- 3.1.1.12 Have available to conduct a fair hearing, an impartial official who does not have any personal stake or involvement in the decision and who was not directly involved in the initial determination of the action being contested.

## 3.2 CERTIFICATION:

- 3.2.1 The Contractor shall certify each applicant prior to the issuance of program benefits. Each applicant shall meet the following requirements:
  - 3.2.1.1 Categorically eligible as an infant, child, pregnant, postpartum or breastfeeding woman, or elderly person;
  - 3.2.1.2 Meet residency requirements.
  - 3.2.1.3 For women, infants and children, household income at or below 185% of federal poverty income guidelines, or households that receive food stamps, Medicaid or Temporary Assistance or who are eligible under existing Federal, State or local food, health or welfare programs for low-income persons
  - 3.2.1.3 For elderly persons, household income at or below 130% of federal poverty income guidelines.
- 3.2.2 The Contractor shall maintain a waiting list of individuals who apply for the Program on-site when funding is not available to provide Program benefits.
- 3.2.3 The Contractor shall apply the following priorities when vacancies occur:

- 3.2.3.1 Priority 1, pregnant women, breastfeeding women, and infants.
- 3.2.3.2 Priority 2, children ages 1 through 3.
- 3.2.3.3 Priority 3, children ages 4 through 5.
- 3.2.3.4 Priority 4, postpartum women.
- 3.2.3.5 Priority 5, elderly persons.
- 3.2.4 All certification data for each participant shall be recorded on a certification form provided by the Department.
- 3.2.5 The following sentences shall be read by, or read to, the applicant or the applicant's parent or caretaker, in the appropriate translation, at the time of certification:
  - 3.2.5.1 Standards for participation in the program are the same for everyone regardless of race, color, age, sex, disability, or national origin.
  - 3.2.5.2 You may appeal any decision made by the Contractor regarding your denial or termination from the Program.
  - 3.2.5.3 If your application is approved, the Contractor will make nutrition education available to you and you are encouraged to participate.
  - 3.2.5.4 It is illegal to participate in the CSFP with more than one Contractor, or simultaneously participate in the CSFP and the WIC program.
- 3.2.6 A person found ineligible for the CSFP during a certification visit shall be advised in writing of the ineligibility and of the right to a fair hearing.
- 3.2.7 A person found ineligible at any time during the certification period shall be advised in writing 15 days before termination of eligibility of the reasons for ineligibility and of the right to a fair hearing.
- 3.2.8 Each participant shall be notified at least 15 days before the expiration of each certification period that eligibility for the Program is about to expire.
- 3.2.9 Each participant shall receive an explanation of how the CSFP food delivery system in the Contractor's agency operates.
- 3.2.10 Each participant shall be advised of the importance of participating in on-going routine health care, the types of health care services available, where they are located and how they may be obtained.
- 3.2.11 Certifications shall be established in accordance with the following time frames:
  - 3.2.11.1 Pregnant women shall be certified for the duration of their pregnancy and for up to 6 weeks postpartum.
  - 3.2.11.2 Postpartum and breastfeeding women, infants, children and elderly persons shall be certified at intervals of six months.

### 3.3 NUTRITION EDUCATION:

- 3.3.1 Nutrition education shall be thoroughly integrated into Program operations. The Contractor shall make nutrition education available to all adult participants and to parents or guardians of infant and child participants. Where applicable, nutrition education for child participants is encouraged.
- 3.3.2 The Contractor shall include the following subject matter in the instructions given to participants:
  - 3.3.2.1 The importance of the consumption of the supplemental foods by the participant for whom they are prescribed rather than other family members;
  - 3.3.2.2 Reference to any special nutrition needs of participants and ways to provide adequate diets;
  - 3.3.2.3 An explanation of the Program as a supplemental food program;
  - 3.3.2.4 Information on the use of the supplemental foods and on the nutritional value of the foods;
  - 3.3.2.5 Information on the benefits of breastfeeding; and
  - 3.3.2.6 An explanation of the importance of health care.
- 3.3.3 Supplemental foods may be used in food demonstrations in conjunction with nutrition education and when used primarily for the participants in the program. Supplemental foods may not be used for outreach, refreshments for participants, or any other such purpose.
- 3.3.4 Supplemental foods may not be provided to any other community agency or facility for any purpose whatsoever, unless such agency has entered into a signed written agreement with the Department or Contractor to provide nutrition education services.

### 3.4 FINANCIAL MANAGEMENT:

- 3.4.1 The Contractor shall maintain complete, accurate, documented and current accounting of all contract funds received and expended.
- 3.4.2 The contract caseload and amount for operational funds is based on the availability of federal funds, which is subject to change. The Department shall provide thirty (30) days written notice to the Contractor prior to an effective change.
- 3.4.3 The Contractor shall be reimbursed for necessary and allowable costs incurred specifically for the proper and efficient performance of the contract, or a specific amount for each client served, whichever is less, as outlined in OMB Circular A-122 and the Program regulations. Allowable costs for the contract include personnel compensation and benefits, conference and training, travel, equipment, nutrition education materials, transportation costs, administrative office costs, facility costs and indirect costs. Indirect costs are those costs incurred for common or joint purposes benefiting more than one activity and not readily identifiable to a particular program or activity. Indirect costs budgeted or billed under Department contracts shall not exceed eight (8) percent of total

contract costs budgeted or billed. Contractors are required to retain documentation and must be able to support amounts billed for indirect costs.

3.4.3.1 The Contractor shall obtain written approval from the Department prior to purchase or rental-purchase of computer hardware or software costing \$300 or more.

3.4.3.2 The Contractor shall obtain prior written approval for the purchase of equipment over \$1000.00 with a useful life expectancy of two or more years.

3.4.3.3 The Contractor shall appropriately designate and document staff time to functions performed on each reimbursement request.

3.4.3.4 The Contractor shall be responsible for all equipment and software used in the Program and purchased with CSFP funds. Such responsibility includes, but is not limited to: assuring equipment and software are available to conduct Program services, are properly maintained and repaired as needed, are inventoried and kept secure from theft or vandalism.

3.4.4 The Contractor shall submit to the Department a uniquely identifiable monthly reimbursement request for the prior month's expenses, with required documentation, by the 15<sup>th</sup> of the following month. "Uniquely identifiable" means the reimbursement request can be distinguished by invoice number from a previously submitted reimbursement request.

3.4.5 The Contractor shall report any food losses to the Department within 24 hours of such losses being noted. The Department and/or USDA will determine when and if a claim shall be assessed.

### 3.5 RECORDKEEPING REQUIREMENTS:

3.5.1 The Contractor shall maintain accurate and complete records with respect to the receipt, disposal and inventory of supplemental foods, including the determination made as to liability for any improper distribution or use of, or loss of, or damage to, such food.

3.5.2 Accurate and complete records shall be maintained with respect to the receipt and use of administrative funds.

3.5.3 The Contractor shall submit the Dual Participation Roster monthly with information about women, infants and children participation in CSFP.

3.5.4 All records shall be retained for a period of three years following the date of submission of the annual financial status report for the period to which the reports pertain.

3.5.5 All records shall be available during normal business hours for representatives of the Department, U.S. Department of Agriculture-Food and Nutrition Service, and the General Accounting Office of the United States to inspect, audit, and copy.

### 3.6 CIVIL RIGHTS:

3.6.1 The Contractor and any subcontractor shall assure the Department that it will comply with Title VI of the Civil Rights Act of 1964 (P.L.88-352) and all



requirements imposed by the Regulations of the Department of Agriculture (7 CFR Part 15), Department of Justice (28 CFR Parts 42 and 50) and Food and Nutrition Service directives and regulations issued pursuant to that Act and the regulations, to the effect that no person in the United States shall, on the grounds of race, color, national origin, age, sex, or disability, be excluded from participation in, be denied benefits of, or be otherwise subject to discrimination under any Program activity for which the Contractor received Federal financial assistance from the Department; and will immediately take any measures necessary to effectuate this agreement.

- 3.6.2 The assurance contained in paragraph 3.6.1 is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants and loans of Federal funds, reimbursable expenditures, grant or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use, Federal property or interest in such property of the furnishing of services without consideration or at a nominal consideration, or at a consideration which is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease for furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Contractor by the Department. This includes any Federal agreement, arrangement, or other contract, which has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.
- 3.6.3 By accepting this assurance, the Contractor agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of Title VI and permit authorized personnel during normal working hours to review such records, books and accounts as needed to ascertain compliance with Title VI. If there are any violations of this assurance, the Department shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Contractor, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from the Department. The person or persons whose signature appear on the contract are authorized to sign this assurance on behalf of the Contractor

### 3.7 LEGAL COMPLIANCE:

- 3.7.1 The Contractor and any subcontractor shall comply with all federal and state laws applicable to this program, including the Agriculture and Consumer Protection Act of 1973, Sections 4(a) and 5, as amended, Public Law 93-86, 7 U.S.C. 612(c)(note); the Food and Agriculture Act of 1977, as amended, Public Law 95-113, 91 Stat. 980; Public Law 97-098, 95 Stat. 1293; Public Law 98-8, 97 Stat. 35; Public Law 98-92, 97 Stat. 611; Public Law 99-198, 99 Stat. 1590; Public Law 101-624, 104 Stat. 3806; Public Law 104-127, 110 Stat. 888; 7 C.F.R. 247 and the Commodity supplemental Food Program State Plan Guidance issued by the USDA.

### 3.8 RETURN OF THE PROPOSED CONTRACT:

- 3.8.1 Return of the proposed contract within forty-five (45) calendar days of the date mailed by the Department is necessary to ensure execution of this contract by the Department.

**4.0 DEPARTMENT RESPONSIBILITIES:** The Department shall:

- 4.1 Pay all approved administrative expenses submitted by the contractor based on actual costs incurred or based on allowable per caseload administrative rates, whichever cost is less.
- 4.2 Monitor Program operations in accordance with Program regulations. Unannounced visits may be made at any time during the Contractor's normal hours of operations.
- 4.3 Make adjustment to administrative claims, as needed, when the Contractor fails to comply with program regulations.
- 4.4 Assure appropriate action to correct Contractor's deficiencies in Program operations. This contract will be terminated if serious deficiencies are not corrected by the Contractor in a reasonable time frame in accordance with Program regulations.
- 4.5 In accordance with Program regulations, the Contractor has the right to appeal actions taken by the Department that deny all or part of an administrative claim, or suspend or terminate this contract.
- 4.6 Billing and Refunds: if the Contractor was overpaid by the Department, the overpayment will be recovered by the Department from future payments owed the Contractor. The amount to be recovered on a monthly basis will be detailed in correspondence with the Contractor and will meet requirements stipulated in the regulations and other applicable Federal guidance. In the event that the contract is terminated, the Contractor will issue a check for the amount of the overpayment made payable to "Department of Health and Senior Services" within 10 days of official notification of the Department and will mail the payment to:  
  

Missouri Department of Health and Senior Services  
Division of Administration  
Fee Receipts Unit  
P.O. Box 570  
Jefferson City, MO 65102-0570
- 4.7 The Department reserves the right to deny reimbursements on costs submitted more than 60 days after the due date. If a request by the Contractor for reimbursement is denied, the Department shall provide the Contractor with written notice of the reason(s) for denial.
- 4.8 The Department reserves the right to reallocate caseload and operational funds at any time based on documented cumulative caseload served.
- 4.9 The Department reserves the right to renew this contract for up to two additional contract periods, based on the availability of federal funds and on contractor performance. The renewal period for each extension shall be October 1 through September 30.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR NUTRITIONAL HEALTH AND SERVICES  
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
**COMMODITY SUPPLEMENTAL FOOD PROGRAM APPLICATION**

ATTACHMENT 2

**GENERAL INFORMATION**

1. NAME OF AGENCY	2. TELEPHONE NUMBER	3. FAX NUMBER
4. STREET ADDRESS	5. TYPE OF AGENCY <input type="checkbox"/> PRIVATE NON-PROFIT <input type="checkbox"/> PUBLIC <input type="checkbox"/> OTHER (DESCRIBE) _____	
6. CONTACT PERSON	7. TELEPHONE NUMBER	8. EMAIL ADDRESS
9. PROPOSED GEOGRAPHIC AREAS TO BE SERVED BY CSFP BY YOUR AGENCY		

**CIVIL RIGHTS**

10. BELOW, INDICATE THE PERCENT RACIAL/ETHNIC COMPOSITION OF THE POPULATION TO BE SERVED BY THE CSFP IN THE PROPOSED AREAS

WHITE	AMERICAN INDIAN OR ALASKA NATIVE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	ASIAN	WITHIN THESE RACIAL CATEGORIES, INDICATE HOW MANY ARE OF HISPANIC OR LATINO ETHNICITY.

11. WHAT EFFORTS WILL BE USED TO ASSURE THAT MINORITY POPULATIONS HAVE AN EQUAL OPPORTUNITY TO PARTICIPATE?

☐ DISTRIBUTION OF BROCHURES OR PROGRAM INFORMATION AT A PUBLIC LOCATION  
☐ PAID OR FREE ADVERTISEMENTS IN LOCAL NEWSPAPERS  
☐ PUBLIC SERVICE ANNOUNCEMENTS IN LOCAL RADIO OR TELEVISION  
☐ PERSON CONTACT WITH COMMUNITY GROUPS AND/OR INDIVIDUALS

12. DO THESE EFFORTS ASSURE THAT MINORITY AND GRASSROOTS ORGANIZATIONS PARTICIPATE? ☐ YES ☐ NO

13. HAVE YOU EVER BEEN FOUND TO BE IN NONCOMPLIANCE OF THE CIVIL RIGHTS LAWS BY ANY FEDERAL AGENCY?  
☐ YES ☐ NO

14. LIST ALL OTHER FEDERAL AGENCIES PROVIDING FINANCIAL SUPPORT TO YOUR ORGANIZATION. IF NONE, PLEASE INDICATE.

**CASELOAD MANAGEMENT**

15. INDICATE THE MAXIMUM NUMBER OF PARTICIPANTS TO BE SERVED BY YOUR AGENCY FOR THE APPLICATION PERIOD

_____ PREGNANT/POSTPARTUM/BREASTFEEDING WOMEN	_____ INFANTS
_____ CHILDREN UP TO THEIR SIXTH BIRTHDAY	_____ OLDER PERSONS AGE 60 OR ABOVE

**NOTE:** THE CONTRACTOR MAY NOT CHOOSE TO SERVE ONLY OLDER PERSONS. ELIGIBLE WOMEN, INFANTS AND CHILDREN MUST BE SERVED UNLESS THEY ARE ELIGIBLE FOR, AND CHOOSE TO BE SERVED BY, THE WIC PROGRAM.

16. JUSTIFICATION FOR CASELOAD REQUEST

17. DESCRIBE HOW HOMEBOUND ELDERLY PERSONS WILL BE SERVED BY THE CSFP


18. DESCRIBE OUTREACH EFFORTS THAT WILL BE EMPLOYED TO REACH POTENTIALLY ELIGIBLE PARTICIPANTS

19. LIST ALL SITES WHERE FOOD WILL BE DISTRIBUTED TO ELIGIBLE PARTICIPANTS

SITE NAME, ADDRESS AND COUNTY(IES) OF OPERATION	HOURS OF OPERATION	DAYS FOOD WILL BE DISTRIBUTED	IF THIS SITE ALSO CERTIFIES APPLICANTS, LIST DAYS FOR CERTIFICATION	CASELOAD SERVED BY THIS SITE	TYPE OF DISTRIBUTION (CHECK ONE)	
					ONCE A MONTH	ONCE EVERY TWO MONTHS

ATTACH ADDITIONAL SHEETS AS NEEDED

20. DO ANY OF THE ABOVE SITES ALSO DISTRIBUTE FOODS FOR OTHER PROGRAMS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
21. EXPLAIN HOW SITES WILL ACCOUNT SEPARATELY FOR FOODS DISTRIBUTED FOR CSFP.		
22. DESCRIBE PROCEDURES AT EACH SITE TO ENSURE FOOD SAFETY AND AVOID SPOILAGE, WASTE, THEFT, AND OTHER LOSSES.		
23. LIST ANY ADDITIONAL CERTIFICATION SITES NOT LISTED ABOVE		
NAME AND ADDRESS OF SITE	DAYS OF CERTIFICATION	HOURS OF CERTIFICATION
ATTACH ADDITIONAL SHEETS AS NEEDED		
24. WILL NON-CSFP STAFF OR VOLUNTEERS COLLECT ELIGIBILITY INFORMATION FOR CERTIFICATION AND/OR MAKE FOOD DELIVERIES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
25. IF YES, EXPLAIN PLANS FOR TRAINING AND OVERSEEING NON-CSFP STAFF AND VOLUNTEERS.		
26. HOW WILL CERTIFICATION PERIODS BE TRACKED BY THE AGENCY TO AVOID LAPSES IN CERTIFICATION?		

ANNUAL BUDGET ESTIMATE		
SALARIES AND FRINGE BENEFITS		
TELEPHONE		
POSTAGE		
PRINTING		
OFFICE SUPPLIES (LIST)		
EQUIPMENT (LIST): PRIOR APPROVAL REQUIRED		
TRAVEL (STAFF TRAVEL) ESTIMATED MILES PER MONTH x 12		
TRANSPORTATION COSTS		
SPACE AND FACILITIES COST		
INDIRECT COSTS (MAY NOT EXCEED 8 PERCENT OF DIRECT COSTS)		
OTHER COSTS (LIST)		
SIGNATURE		
SIGNATURE BY THE AUTHORIZED REPRESENTATIVE CERTIFIES THAT: A. THE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. B. THE AUTHORIZED REPRESENTATIVE ACCEPTS FINAL ADMINISTRATIVE AND FINANCIAL RESPONSIBILITY FOR TOTAL CSFP OPERATIONS. C. REIMBURSEMENT WILL BE CLAIMED ONLY FOR ALLOWABLE PROGRAM COSTS. D. DEPARTMENT OFFICIALS MAY VERIFY INFORMATION. E. THE AUTHORIZED REPRESENTATIVE UNDERSTANDS THAT INFORMATION IS BEING GIVEN IN CONNECTION WITH THE RECEIPT OF FEDERAL FUNDS, AND THAT DELIBERATE MISREPRESENTATION MAY SUBJECT THE AUTHORIZED REPRESENTATIVE TO PROSECUTION UNDER APPLICABLE STATE AND FEDERAL CRIME STATUTES. F. THE ABOVE NAMED AGENCY HAS NOT BEEN DISQUALIFIED FROM PARTICIPATION IN ANY PUBLICLY FUNDED PROGRAM FOR VIOLATING THAT PROGRAM'S REQUIREMENTS.		
SIGNATURE OF CSFP AUTHORIZED REPRESENTATIVE		TITLE
		
SOCIAL SECURITY NUMBER		DATE
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES USE ONLY		
APPROVED BY	TITLE	DATE



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
COMMODITY SUPPLEMENTAL FOOD PROGRAM  
**PARTICIPANT APPLICATION**

ATTACHMENT 3

NAME OF APPLICANT		SOCIAL SECURITY NUMBER		
ADDRESS		TELEPHONE NUMBER		
CITY/STATE/ZIP CODE		TOTAL NUMBER LIVING IN HOUSEHOLD		
ARE ANY OF THE APPLICANTS CURRENTLY OR HAVE THEY PREVIOUSLY BEEN ON THE CSFP? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE?		
ARE ANY OF THE APPLICANTS CURRENTLY OR HAVE THEY PREVIOUSLY BEEN ON WIC? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE?		
NAMES OF QUALIFYING HOUSEHOLD MEMBERS	AGE	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
<b>RACIAL ETHNIC DATA</b>				
AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
HISPANIC OR LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Indicate source and amount of current (last month's) income before deductions, such as taxes and social security. This amount must include income of all household members. If last month's income is not representative of usual household income, please project a yearly income which would be. "Other" income would include commissions, strike benefits, income from trusts, contributions from relatives, etc.				
HOUSEHOLD INCOME		AMOUNT	HOW OFTEN RECEIVED	
GROSS SALARY, WAGES				
SOCIAL SECURITY				
PUBLIC ASSISTANCE (WELFARE)				
CHILD SUPPORT (ALIMONY)				
PENSIONS/RETIREMENT				
SELF-EMPLOYMENT				
UNEMPLOYMENT				
OTHER INCOME				
TOTAL HOUSEHOLD INCOME				
<b>BEFORE SIGNING, BE AWARE OF YOUR RIGHTS:</b> * Standards for participation in the Program are the same for everyone regardless of race, color, national origin, sex, age and disability. * You may appeal any decision made by the local agency regarding your denial or termination from the Program. * If your application is approved, the local agency will make nutrition education available to you and you are encouraged to participate.				
<b>SIGNATURE:</b> This certification form is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I have been advised of my rights and obligations under the Program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge. I also understand that it is illegal to participate in both the CSFP and the WIC program, and it is illegal to participate in two different CSFP programs at the same time.				
SIGNATURE OF APPLICANT OR GUARDIAN ▶			DATE	
<b>FOR AGENCY USE ONLY</b>				
TYPE OF PROOF OF AGE/ELIGIBILITY PRESENTED		RESIDENCY VERIFIED?	HEALTH AND SOCIAL SERVICES INFORMATION PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SIGNATURE OF CERTIFYING OFFICIAL		TITLE		
ELIGIBLE	INELIGIBLE	CATEGORY PG PP BF INF CH ELD	DATE OF CERTIFICATION	
<b>RECERTIFICATION (6 MONTH)</b>				
NAME, ADDRESS, SSN VERIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		CATEGORY PG PP BF INF CH ELD	DATE OF RECERTIFICATION	
SIGNATURE OF CERTIFYING OFFICIAL ▶			TITLE	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
COMMODITY SUPPLEMENTAL FOOD PROGRAM  
**PARTICIPANT APPLICATION**

ATTACHMENT 3

NAME OF APPLICANT		SOCIAL SECURITY NUMBER		
ADDRESS		TELEPHONE NUMBER		
CITY/STATE/ZIP CODE		TOTAL NUMBER LIVING IN HOUSEHOLD		
ARE ANY OF THE APPLICANTS CURRENTLY OR HAVE THEY PREVIOUSLY BEEN ON THE CSFP? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE?		
ARE ANY OF THE APPLICANTS CURRENTLY OR HAVE THEY PREVIOUSLY BEEN ON WIC? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE?		
NAMES OF QUALIFYING HOUSEHOLD MEMBERS	AGE	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
<b>RACIAL ETHNIC DATA</b>				
AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
HISPANIC OR LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Indicate source and amount of current (last month's) income before deductions, such as taxes and social security. This amount must include income of all household members. If last month's income is not representative of usual household income, please project a yearly income which would be. "Other" income would include commissions, strike benefits, income from trusts, contributions from relatives, etc.				
HOUSEHOLD INCOME		AMOUNT	HOW OFTEN RECEIVED	
GROSS SALARY, WAGES				
SOCIAL SECURITY				
PUBLIC ASSISTANCE (WELFARE)				
CHILD SUPPORT (ALIMONY)				
PENSIONS/RETIREMENT				
SELF-EMPLOYMENT				
UNEMPLOYMENT				
OTHER INCOME				
TOTAL HOUSEHOLD INCOME				
<b>BEFORE SIGNING, BE AWARE OF YOUR RIGHTS:</b> * Standards for participation in the Program are the same for everyone regardless of race, color, national origin, sex, age and disability. * You may appeal any decision made by the local agency regarding your denial or termination from the Program. * If your application is approved, the local agency will make nutrition education available to you and you are encouraged to participate.				
<b>SIGNATURE:</b> This certification form is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I have been advised of my rights and obligations under the Program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge. I also understand that it is illegal to participate in both the CSFP and the WIC program, and it is illegal to participate in two different CSFP programs at the same time.				
SIGNATURE OF APPLICANT OR GUARDIAN 			DATE	
<b>FOR AGENCY USE ONLY</b>				
TYPE OF PROOF OF AGE/ELIGIBILITY PRESENTED		RESIDENCY VERIFIED?	HEALTH AND SOCIAL SERVICES INFORMATION PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SIGNATURE OF CERTIFYING OFFICIAL		TITLE		
ELIGIBLE	INELIGIBLE	CATEGORY PG PP BF INF CH ELD	DATE OF CERTIFICATION	
<b>RECERTIFICATION (6 MONTH)</b>				
NAME, ADDRESS, SSN VERIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		CATEGORY PG PP BF INF CH ELD	DATE OF RECERTIFICATION	
SIGNATURE OF CERTIFYING OFFICIAL 			TITLE	



**Women, Infants, and Children**  
 185 percent of the [Federal Poverty Income Guidelines](#)  
 amounts valid until March 31, 2004  
*Pregnant women are counted as **two** family members\**

Family Size	Annual	Monthly	Weekly
1	\$16,613	\$1,385	\$320
2	\$22,422	\$1,869	\$432
3	\$28,231	\$2,353	\$543
4	\$34,040	\$2,837	\$655
5	\$39,849	\$3,321	\$767
6	\$45,658	\$3,805	\$879
7	\$51,467	\$4,289	\$990
8	\$57,276	\$4,773	\$1,102
each additional family member	+\$5,809	+\$485	+\$112

\* In the case of a known multiple birth pregnancy, each fetus will be counted as one family member.

**Persons 60 Years and Older**  
 130 percent of the [Federal Poverty Income Guidelines](#)  
 amounts valid until March 31, 2004

Family Size	Annual	Monthly	Weekly
1	\$11,674	\$973	\$225
2	\$15,756	\$1,313	\$303
3	\$19,838	\$1,654	\$382
4	\$23,920	\$1,994	\$460
5	\$28,002	\$2,334	\$539
6	\$32,084	\$2,674	\$617
7	\$36,166	\$3,014	\$696
8	\$40,248	\$3,354	\$774
each additional family member	+\$4,082	+\$341	+\$79

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
COMMODITY SUPPLEMENTAL FOOD PROGRAM  
**PARTICIPANT WAITING LIST**

[illegible]

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
COMMODITY SUPPLEMENTAL FOOD PROGRAM  
**NOTIFICATION OF APPLICANT STATUS**

Local Agency Address: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

**CATEGORIES:**

PG – Pregnant Woman      BF – Breastfeeding Woman      PP – Postpartum

INF – Infant                      CH – Child                      ELD – Elderly

**WAITING LIST NOTIFICATION:**

\_\_\_\_\_ We are at maximum caseload and are unable to process you at this time.  
You will be placed on a waiting list and contacted when slots become  
available.

\_\_\_\_\_ We have caseload openings now. Please be informed it is time to re-  
determine your eligibility for the CSFP.

\_\_\_\_\_ Complete the enclosed forms and bring them and the applicant/participant  
listed above to our office located at the address above during the hours of  
\_\_\_\_\_ - \_\_\_\_\_ on these days or dates \_\_\_\_\_.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)  
**NOTICE OF ADVERSE ACTION**

NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

This is to inform you that the following action will be taken regarding your participation in the CSFP:

- ☐ The amounts of commodities you have been receiving will be reduced effective \_\_\_\_\_.
- ☐ You have been determined to be ineligible for CSFP commodities.
- ☐ You are no longer eligible to receive commodities.

The reason for this action is listed below:

-----  
Tear along the dotted line and return to your Food Distribution site

You have a right to request a Fair Hearing if you do not agree with the action taken. You must request a hearing within 60 days from the date this notice is mailed. If you have been determined to be ineligible for CSFP participation, you may appeal within 60 days of the date this notice is mailed. If a hearing is not requested, your benefits will be reduced or terminated accordingly.

If you request a Fair Hearing, you may continue to receive benefits until a hearing decision is arrived at, unless you have been determined to be ineligible for the CSFP. If the Agency is upheld in its decision, a claim against the household shall be established for all over-issuance of USDA foods.

☐ I WISH TO REQUEST A FAIR HEARING      ☐ YES      ☐ NO

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

## Women, Infants and Children Participating in the CSFP Dual Participation Roster

ATTACHMENT 8

Missouri Department of Health and Senior Services  
Section for Nutritional Health and Services  
Bureau of Community Food and Nutrition Assistance  
Commodity Supplemental Food Program

**\*Category**

PG = Pregnant

PP = Postpartum

BF = Breastfeeding

INF = Infant

CH = Child

[illegible]

**MEMORANDUM OF AGREEMENT  
FOR THE COMMODITY SUPPLEMENTAL FOOD PROGRAM**

Bureau of Community Food and Nutrition Assistance

And

Bureau of Nutrition Services and WIC

Section for Nutritional Health and Services

Missouri Department of Health and Senior Services

October 1, 2002 through September 30, 2005

**I. GENERAL PURPOSE**

This memorandum of agreement (MOA) made by and between the Bureau of Community Food and Nutrition Assistance (BCFNA) and the Bureau of Nutrition Services and WIC (BNSWIC) details the responsibilities of each party to assure quality and accessible care to improve the health and nutrition status of low-income children, pregnant women, breastfeeding women, postpartum women, infants and older adults. In addition, this MOA outlines the responsibilities of each party with respect to persons receiving Commodity Supplemental Food Program services (CSFP) and Special Supplemental Nutrition Program for Women, Infants and Children services (WIC). Achievement of this goal will be facilitated by focusing on identifying individuals who are not being served by either program and formalizing and strengthening relationships between the programs, reducing duplication, increasing accessibility, and providing mechanisms for enhanced program coordination.

BCFNA and BNSWIC agree to:

- Collaborate on the formulation of plans for serving women, infants and children in common areas of service;
- Inform each other of events/circumstances that may have an effect on program participation levels;
- Refer women, infants and children who can not be served promptly in one program to the other, except that WIC services shall take precedence over CSFP services if a woman, infant or child qualifies for both and caseload is available in the WIC program to serve the women, infants and children; and
- Monitor and assure that duplication of services is avoided between CSFP and WIC.

## II. RESPONSIBILITIES

### **The Bureau of Community Food and Nutrition Assistance (BCFNA) will:**

1. Provide funding, provide policies and procedures and evaluate services of local CSFP agencies that provide commodity foods to eligible women, infants, children and low-income older adults throughout the state.
2. Provide information to local WIC staff on the services and benefits of the CSFP.
3. Provide CSFP outreach and local contact information for dissemination at WIC clinics.
4. Require local contractors to refer categorically eligible women, infant and child applicants to the WIC Program, especially those who appear to be at high risk, while providing applicants with the right to choose between the two programs; and
5. Share information with BNSWIC as a means to detect/prevent dual participation. BNSWIC will provide access to the WIC client database to staff of the BCFNA. Each quarter, contractors for the CSFP will submit an electronic spreadsheet with the names of women, infants, and children participating in the CSFP, including Medicaid number and social security number (if applicable), date of birth, and address. BCFNA staff will compare the list against the WIC client database to detect dual participation. Any matches found will be shared immediately with the BNSWIC.
6. Will immediately notify appropriate local contractors of CSFP participants who are determined to be dually participating in CSFP and WIC. Will require local contractors to terminate participation in the CSFP, unless it is determined by BNSWIC that termination in the WIC program is more appropriate.

### **The Bureau of Nutrition Services and WIC (BNSWIC) will:**

1. Provide funding, policies and procedures, and evaluate the services of local WIC agencies that provide direct health services to eligible women, children and infants throughout the state. State WIC staff will monitor and assure that duplication of services is avoided between WIC programs and the CSFP.
2. Provide information to local CSFP agency staff on the services and benefits of the WIC Program.
3. Provide WIC outreach and local contact information for dissemination at CSFP certification sites.
4. Assure WIC “graduates” (i.e., children who have reached their 5<sup>th</sup> birthday, non-breastfeeding women beyond their sixth month postpartum, and individuals no longer at nutritional risk) are referred to CSFP. This may be done by:

- a. Including a referral to CSFP with the notification at the end of the WIC certification period; and/or
  - b. Providing a list of imminent WIC “graduates,” with appropriate contact information, to the CSFP office for follow-up; and/or
  - c. Allowing and encouraging WIC “graduates” to complete a CSFP application at the WIC office, and forwarding the completed application(s) to the CSFP office for processing.
5. Require local contractors to refer WIC applicants who are categorically eligible for WIC but determined not to be at medical or nutritional risk to the CSFP.
  6. Refer women, infants and children who can not be served promptly by the WIC program because of an approved waiting list to the CSFP.
  7. Refer older adults (age 60 and above) and children age five to age six who are members of WIC households to the CSFP.
  8. Provide access to BCFNA staff to the WIC client database to detect dual participation. Work with BCFNA to determine which program to terminate should dual participation be detected.

### III. QUALIFICATION

This agreement in no way requires or assumes services beyond available resources.

\_\_\_\_\_  
Ann McCormack, M.P.H., R.D., Chief  
Bureau of Community Food and Nutrition Assistance

\_\_\_\_\_  
Date

\_\_\_\_\_  
Victoria Warren, Chief  
Bureau of Nutrition Service and WIC

\_\_\_\_\_  
Date





## **Commodity Supplemental Food Program Health and Social Services Referral Information**

ATTACHMENT 10

### **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)**

- WIC is a nutrition education, health promotion and supplemental food program to assist women, infants and children who have nutritional needs. Benefits include: nutrition education guidance for women and their children at no cost, breastfeeding education and support, nutritious foods to supplement their diet, such as cheese, milk, eggs, and cereal, at no cost, and referrals for health care.

IMPORTANT NOTICE: Individuals MAY NOT participate in WIC and CSFP at the same time.

For more information call 1-800-392-8209 or visit <http://www.dhss.state.mo.us/wic/index.html>.

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### **Division of Child Support Enforcement (DCSE):**

- DCSE's responsibilities include locating parents, establishing paternity, establishing child and medical support orders, monitoring and enforcing compliance with child and medical support orders, and distributing support collections.

Call DCSE toll free at 1-800-859-7999 for more information.

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### **Food Stamps**

- Eligible households receive an allotment of food benefits that may be used to purchase any food or food products prepared for human consumption except for alcoholic beverages and tobacco, hot foods, or foods prepared for immediate consumption. Foods may be purchased using the food stamp benefits from any grocery or retail store anywhere in the U.S. that has been authorized by USDA.

Call the Division of Family Services at 1-800-392-2160 to see if you may qualify for food stamps.

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### **MC+ for Kids – Missouri's Health Insurance Program for Children**

- MC+ for Kids, part of the federal Children's Health Insurance Program is a health insurance program for uninsured children of low-income families who do not have access to affordable health insurance. Uninsured children, ages birth to 19, whose gross family income is up to 300 percent of the federal poverty level are eligible.

For more information, call 1-888-275-5908.

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### **Medicaid**

- The Medicaid program provides medical services to persons who meet eligibility requirements as determined by the Division of Family Services. The goals of the program are to promote good health, to prevent illness and premature death, correct or limit disability, to treat illness, and to provide rehabilitation to persons with disabilities.

For more information, call 1-800-392-2161

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In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

## **Temporary Assistance**

- The Temporary Assistance Program provides assistance to needy families with children so they can be cared for in their own home. The program reduces dependency by promoting job preparation, work and marriage. Funds may also be used to prevent non-marital pregnancies and encourage the formation and maintenance of two-parent families.

For more information, contact the Division of Family Services at 1-800-392-1261

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## **Supplemental Security Income (SSI)**

- SSI pays monthly benefits to people who are 65 and older, or blind, or have a disability and who have minimal possessions or a low income. Many people who get SSI are also eligible to receive Food Stamps and Medicaid benefits.

To apply, visit your local Social Security Office or call 1-800-772-1213.

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## **Medicare**

- Medicare provides health insurance to persons aged 65 and over, disabled persons under the age of 65 whom have received Social Security disability cash benefits for at least 24 months, and persons with end stage renal disease (ESRD). Part A of Medicare covers inpatient hospitalizations, shortterm skilled nursing facility care, home health, and hospice care for the terminally ill. Part B covers physician's services, outpatient hospital care, therapy, ambulance transportation, lab and x-ray services, durable medical equipment, and home health services. Various deductibles and cost sharing amounts are the responsibility of the beneficiary or any supplemental insurance they may have. Medicare benefits can be received through a fee-for-service system or managed care plans in some areas of the state.

For more information call 1-800-MEDICARE (1-800-633-4227) or visit [www.medicare.gov](http://www.medicare.gov).

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## **Energy Assistance Program**

- The Missouri Low Income Home Energy Assistance Program is designed to help pay heating bills for those Missourians in need of assistance during the months of December, January, February, and March. Applications for the program are accepted by the Division of Family Services from November through March. To qualify, you must be responsible for paying heating costs and meet specific income guidelines based on household size.

For more information call 1-800-392-1261.

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## **TEL-LINK 1-800-835-5465**

Tel-Link can connect you to services for: Family planning, prenatal care, parenting, sexually transmitted diseases, immunizations, alcohol and drug abuse, sexual assault or rape, family violence, pregnancy/infant loss, adoption, counseling, children with special health care needs, well-child clinics and more.

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## **Other Important Numbers:**

Child Abuse/Neglect Hotline – 1-800-392-3738

Parental Stress Helpline – 1-800-367-2543

Aging Information Hotline – 1-800-235-5503

Elderly Abuse or Neglect Hotline – 1-800-392-0210

**For Immediate Release:**

July 17, 2003

**Contact:**

Ann McCormack, RD, MPH, Bureau Chief  
Bureau of Community Food and Nutrition Assistance  
Section for Nutritional Health and Services  
Missouri Department of Health and Senior Services  
800-733-6251

**New authorization allows twice as many low-income  
Missourians to receive monthly food boxes**

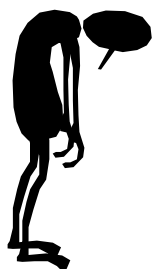
Twice as many qualifying low-income citizens in Missouri will now be served boxes of nutritious commodity foods on a monthly basis, thanks to the efforts of the Missouri Department of Health and Senior Services in recently securing additional funding and caseload authorization from the U.S. Department of Agriculture.

Currently, only about 5 percent of eligible participants statewide are served by the Commodity Supplemental Food Program, which is administered by the department's Section for Nutritional Health and Services. The number of low-income seniors, women and children served each month will be increased from 5,000 to 10,000, still less than 10 percent of the state's estimated 110,000 eligible participants. Those served are provided a food box worth more than \$40, which is filled with bread and grain products, fruits, fruit juices and vegetables, meat and cheese, and canned and powdered milk. These foods help to supplement the diets of low-income participants, and increase their intakes of critical vitamins and minerals, such as iron, calcium, vitamin A and vitamin C.

To qualify, low-income seniors must be age 60 and above. Others qualifying for the monthly food supplements include low-income pregnant women, breastfeeding women, women who gave birth within the last year, infants and children up to their sixth birthday who are not also participating in WIC (Supplemental Nutrition Program for Women, Infants and Children).

The program is currently offered in St. Louis City, St. Louis County and in 10 counties in southeast Missouri through the St. Louis Area Food Bank and the Bootheel Food Bank. The expanded caseload authorization will allow the Missouri Department of Health and Senior Services to offer the program in Kansas City through Harvesters, in Springfield through Ozarks Food Harvest, in St. Joseph through America's Second Harvest of Greater St. Joseph, and in Central Missouri through the Central Missouri Food Bank.

For additional information about the supplemental food program, CSFP, call Section for Nutritional Health and Services office at 800-733-6251 or visit its web page at [www.dhss.state.mo.us/MissouriNutrition](http://www.dhss.state.mo.us/MissouriNutrition).



Do you have trouble making ends meet each month?  
Do you sometimes have to choose between buying food and paying bills?  
If so, the **Commodity Supplemental Food Program** can help you!!

### What is the CSFP?

The CSFP provides nutritious commodity foods to women, infants, children and older adults who live in low-income households. A food package worth about \$40.00, consisting of canned fruits, vegetables, meat, cheese, cereals and grain products, and milk products is provided to each eligible individual each month.

### Who can receive a food package?

- ✓ Pregnant women
- ✓ Postpartum women up to one year after giving birth
- ✓ Breastfeeding women up to one year after giving birth
- ✓ Infants
- ✓ Children up to their sixth birthday
- ✓ Older adults, age 60 and above



### What income criteria must be met?

Women, infants and children must have gross annual incomes at or below 185 percent of the federal poverty level (\$33,485 for a household of four). Older adults must have gross annual incomes at or below 130 percent of federal poverty (\$15,522 for a household of two).

### What do I need to bring to sign up?

- ▶ Pregnant women - proof of current address and letter from doctor if the pregnancy is not showing.
- ▶ Postpartum women - proof of current address and birth certificate or other record of birth for infant less than one year of age.
- ▶ Breastfeeding women - proof of current address and birth certificate or other record of birth for infant less than one year of age.
- ▶ Infants - proof of current address and birth certificate or other record of birth.
- ▶ Children - proof of current address and birth certificate or other record of birth.
- ▶ Older adults - proof of current address and birth certificate or driver's license.

### Where do I go?

(Provide local agency information here)



In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Missouri Department of Health and Senior Services  
Section for Nutritional Health and Services  
**The Commodity Supplemental Food Program**

If you are pregnant, breastfeeding, have given birth within the last year, have infants or children up to age six living in your home, have limited income, and **are not** participating in the WIC Program or if your eligibility for the WIC program has run out, you may be eligible to participate in the Commodity Supplemental Food Program (CSFP).

**What is the CSFP?**

The CSFP provides nutritious commodity foods to eligible women, infants, and children who live in low-income households.

**What income criteria must be met?**

Women, infants and children must live in households with a gross annual income at or below 185 percent of the federal poverty level (\$33,485 for a household of four).

**What do I need to sign up?**

Proof of residence (an I.D. with current address such as a driver's license) and a birth certificate (for eligible infants and children and for postpartum or breastfeeding verification). Pregnant women whose pregnancy is not visible will need a note from the doctor verifying the pregnancy.

**Where do I go?**

Call (Provide local agency information here)

or go to

[http://www.dhss.state.mo.us/MissouriNutrition/sites\\_csfp.htm](http://www.dhss.state.mo.us/MissouriNutrition/sites_csfp.htm)

Missouri Department of Health and Senior Services  
Section for Nutritional Health and Services  
**The Commodity Supplemental Food Program**

If you are pregnant, breastfeeding, have given birth within the last year, have infants children up to age six living in your home, have limited income, and **are not** participating in the WIC Program or if your eligibility for the WIC program has run out, you may be eligible to participate in the Commodity Supplemental Food Program (CSFP).

**What is the CSFP?**

The CSFP provides nutritious commodity foods to eligible women, infants, and children who live in low-income households.

**What income criteria must be met?**

Women, infants and children must live in households with gross annual incomes at or below 185 percent of the federal poverty level (\$33,485 for a household of four).

**What do I need to sign up?**

Proof of residence (an I.D. with current address such as a driver's license) and a birth certificate (for eligible infants and children and for postpartum or breastfeeding verification). Pregnant women whose pregnancy is not visible will need a note from the doctor verifying the pregnancy.

**Where do I go?**

Call (Provide local agency information here)

or go to

[http://www.dhss.state.mo.us/MissouriNutrition/sites\\_csfp.htm](http://www.dhss.state.mo.us/MissouriNutrition/sites_csfp.htm)

Missouri Department of Health and Senior Services  
 Section for Nutritional Health and Services  
 Bureau of Community Food and Nutrition Assistance  
 Commodity Supplemental Food Program

**WIC Ineligibles Eligible for CSFP - February 2002 data**

<b>Missouri County</b>	<b>Postpartum Cert. Ended</b>	<b>Children Reached Age 5</b>	<b>Total Eligible to be Served</b>
Butler	31	6	37
Cape Girardeau	35	14	49
Dunklin	31	11	42
Mississippi	21	7	28
New Madrid	10	6	16
Pemiscot	22	7	29
Ripley	11	0	11
Scott	27	16	43
Stoddard	8	4	12
Wayne	15	6	21
<b>Total</b>	<b>211</b>	<b>77</b>	<b>288</b>
St. Louis City/County	538	137	675
<b>Total</b>	<b>538</b>	<b>137</b>	<b>675</b>

Missouri Department of Health and Senior Services  
 Section for Nutritional Health and Services  
 Bureau of Community Food and Nutrition Assistance  
**Commodity Supplemental Food Program**

**Number of Elderly Living in Poverty**

1990 Census

Missouri County	Number of Elderly	Number Below Poverty	Percent Below Poverty
Butler	8,477	1,963	23.2
Cape Girardeau	11,059	1,508	13.6
Dunklin	7,560	2,039	27.0
Mississippi	3,066	890	29.0
New Madrid	4,126	1,157	28.0
Pemiscot	4,671	1,418	30.4
Ripley	3,017	787	26.1
Scott	7,259	1,633	22.5
Stoddard	6,501	1,667	25.6
Wayne	3,034	728	24.0
<b>Total</b>	<b>58,770</b>	<b>13,790</b>	
St. Louis City	83,881	14,826	17.7
St. Louis County	177,058	9,472	5.3
<b>Total</b>	<b>260,939</b>	<b>24,298</b>	

Total Elderly in Poverty  
 in Southeast and St. Louis

38,088

Percent in St. Louis Area  
 Percent in Bootheel Area

63.80%  
 36.20%

3190  
 1810

## ATTACHMENT 16

## DATE \_\_\_\_\_

LOCAL AGENCY \_\_\_\_\_

## WAREHOUSE SITE

[illegible]



9/25/2003

ATTACHMENT 17

Month: February 2003

Name of Food Bank

DA CODE 329

Infants (0-3) Mos (N) a	Infants (4-12) Mos (I) (b)	Children 1 yr old (T)	Children 2 thru 5 yrs (C)	P/BF Women P/B	PP Women (L)	Total WIC's	Total Elderly (S)	Total CSFP Participants
			27		1	28	1,159	1,187

DA CODE 329		Units per case Cases Received																
6. Commodity Name	6A. Code			6B. Pack Size	7 SA & LA Beg. Inventory	8 Receipts	9	10	11		12 Commodity Activity				13 Total Activity	14 Adjustments		15 Ending Inventory
							Redonations In	Total Inventory Available	W-I-C (A)	Elderly (B)	Total Units Issued (A)	Redonations Out (B)	Food Loss (C)	Nut. Ed (D)		Pos Adj (A)	Neg Adj (B)	
Green Beans 300	A059	24	126	24/300 can	9,000	3,024		12,024		994	994				994	8		11,038
Carrots 300	A098	24	125	24/300 can	8,998	3,000		11,998		994	994		2		996			11,002
Corn Kernel 300	A119	24		24/300 can	432	-		432	4	334	338				338			94
Pumpkin 300	A164	24		24/300 can	1,813	-		1,813	54	1,326	1,380		1		1,381			432
Swt Potatoes 300	A223	24		24/300 can	1,348	-		1,348	50	992	1,042				1,042			306
Cranberry-Apple J	A279	12		12/46 oz.	949	-		949	36	259	295				295	1		655
Grapefruit J	A280	12		12/46 oz.	-	-		-			-				-			-
Apple J	A282	12		12/46 oz.	7,002	-		7,002	72	870	942		2		944		2	6,056
Tomato J	A290	12	120	12/46 oz.	3,654	1,440		5,094		1,626	1,626				1,626			3,468
Cranberry J Con	A297	12		12/11.5 oz.	-	-		-			-				-			-
Orange J	A300	12	259	12/46 oz.	5,694	3,108		8,802		725	725		2		727	1		8,076
Applesauce 300	A351	24	126	24/300 can	6,474	3,024		9,498	4	352	356		2		358	2		9,142
Apricot Halves 300	A353	24		24/#300 can	-	-		-			-				-			-
F Cocktail 300	A403	24		24/300 can	4,446	-		4,446	50	1,968	2,018				2,018	4		2,432
Chicken CND	A562	24	63	24/29 oz.	4,536	1,512		6,048		497	497				497			5,551
Beef NJ	A610	24		24/29 oz.	614	-		614	27	496	523				523			91
Pork NJ	A630	24		24/29 oz.	214	-		214		167	167				167			47
Cheese 24	B061	12	125	12/2 lbs.	5,266	1,500		6,766	27	1,160	1,187				1,187			5,579
Evap 12	B081	48		48/12 FL oz.	-	-		-			-				-			-
INSTANT 2	B095	12	125	12/25.6 oz.	4,013	1,500		5,513	18	984	1,002				1,002	40		4,551
Evap 24	B117	24	193	24/12 FL oz.	18,390	4,632		23,022	135	3,480	3,615		1		3,616		1	19,405
Formula Powder 14.1	B158	6		6/14.1 oz.	96	-		96			-				-			96
Farina	B160	24		24/14 oz.	-	-		-			-				-			-
Cereal Infant R8	B161	12		12/8 oz.	24	-		24			-				-			24
Macaroni 1	B425	24	125	24/1 lbs.	8,988	3,000		11,988	36	994	1,030		6		1,036	6		10,958
Oats 3	B445	12		12/3 lbs.	10	-		10	7		7				7			3
PB 2	B470	24		24/2 lbs.	-	-		-			-				-			-
PB Smith 2	B474	12	125	12/2lbs.	5,257	1,500		6,757	27	1,160	1,187		8		1,195	2		5,564
Chunky RDU-Fat 2	B488	24		24/2 lbs.	-	-		-			-				-			-
Rice 2	B510	24		24/2 lbs.	-	-		-			-				-			-
Spaghetti 2	B835	12		12/2 lbs.	760	-		760	9	663	672				672			88
Cereal Oats 15	B853	12	250	12/15 oz.	7,174	3,000		10,174	40	992	1,032				1,032		12	9,130
Cereal Oats 15.5	B854	12		12/15.5 oz.	-	-		-			-				-			-
Cereal Crn & Rice 12	B855	14		14/12 oz.	3,136	-		3,136		994	994				994			2,142
Cereal Oats	B860	24		24/15 oz.	-	-		-			-				-			-
Cereal Oats 16	B861	12		12/16 oz.	-	-		-			-				-			-
Cereal Rice	B865	14		14/13.5 oz	224	-		224			-				-			224
Cereal Wheat RTE 16	B872	14		14/16 oz.	-	-		-			-				-			-
Cerl Crn Flk 18	B879	12		12/18 oz.	428	-		428		334	334				334			94
					-	-		-			-				-			-

16. REMARKS (PROVIDE EXPLANATION AS REQUESTED PER INSTRUCTIONS) (ATTACH ADDITIONAL SHEETS AS DEEMED NECESSARY.)

17. SIGNATURE	18. TITLE	19. DATE	20. CSFP ADMIN	A. OUTLAYS	B. UNLIQ. OBLIGATION	C. TOTAL	D. UNLIQ BAL OF ADV
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## U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE

**REPORT OF SHIPMENT RECEIVED OVER, SHORT AND/OR DAMAGED**

SEE INSTRUCTIONS ON REVERSE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0293. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

**SECTION A - SHIPMENT IDENTIFICATION AND UNLOADING INFORMATION**

1. NAME OF COMMODITY	2. TYPE OF PACK	3. CONTRACT NO.	4. DESTINATION CITY AND STATE
5. DELIVERY ORDER NO.	6. NOTICE TO DELIVER NO.	7. METHOD OF DELIVERY <input type="checkbox"/> RAIL <input type="checkbox"/> TRUCK <input type="checkbox"/> PIGGYBACK	8. RR CAR, TRUCK, OR PIG NO.
9. UNLOADED STARTED (Date and Time)			10. OCEAN BILL OF LADING NO. (Overseas Shipment Only)
COMPLETED (Date and Time)			

**SECTION B - OVERAGE, SHORTAGE, AND/OR DAMAGE**

11. QUANTITY					
A. REPORTED SHIPPED	B. AMOUNT RECEIVED IN GOOD CONDITION	C. OVER	D. SHORT	E. DAMAGED	F. HIDDEN DAMAGE
12A. DAMAGE/OVERAGE/SHORTAGE WHEN DISCOVERED <input type="checkbox"/> BEFORE UNLOADING <input type="checkbox"/> DURING UNLOADING <input type="checkbox"/> AFTER UNLOADING		12B. HOW DISCOVERED <input type="checkbox"/> UNLOADING TALLY <input type="checkbox"/> PHYSICAL RECOUNT <input type="checkbox"/> OTHER		13. CARRIER'S AGENT PRESENT DURING UNLOADING <input type="checkbox"/> YES <input type="checkbox"/> NO	
14. DOOR SEAL NUMBERS					
A. INBOUND NUMBERS AND CONDITION OF SEALS			B. OUTBOUND SEAL NUMBERS (If Applicable)		
15. CARRIER'S AGENT NOTIFICATION					
A. NAME OF AGENT	C. HOW NOTIFIED <input type="checkbox"/> IN PERSON <input type="checkbox"/> FAX <input type="checkbox"/> TELEPHONE <input type="checkbox"/> E-MAIL		16. DID CARRIER'S AGENT RESPOND TO NOTIFICATION? <input type="checkbox"/> YES (In what way) <input type="checkbox"/> NO (Explain)		
B. DATE NOTIFIED					
17. COMPLETE IF APPLICABLE					
A. WAS MECHANICAL REFRIGERATION, EQUIPMENT OPERATING <input type="checkbox"/> YES <input type="checkbox"/> NO			B. TEMPERATURE OF REFRIGERATION UNIT/INTERIOR TEMP/COMMODITY		

**CONSIGNEE CERTIFICATION****I CERTIFY the information and statements above are, to the best of my knowledge and belief, true and correct.**

DATE	SIGNATURE OF CONSIGNEE OR REPRESENTATIVE
------	--

**CARRIER CERTIFICATION****Receipt of a copy of this report is hereby acknowledged and the facts contained herein are verified.**

SIGNATURE OF CARRIER'S AGENT	NAME AND ADDRESS OF CARRIER
DATE	CARRIER REMARKS

REMARKS (IF DAMAGED, PLEASE INDICATE NATURE AND DISPOSITION OF THE DAMAGE)

## INSTRUCTIONS

This report is to be prepared whenever a shipment is received over, short, and/or damaged.

### SECTION A - SHIPMENT IDENTIFICATION/ UNLOADING INFORMATION

This section will be completed at all times to identify the shipment being reported as over, short and/or damaged.

#### ITEM

1. Self-explanatory.
2. Show type of pack, such as case 6/10's, case 12/No. 3 cylinders, 50# bag, etc.
3. Self-explanatory.
4. Self-explanatory.
5. Record Delivery Order No including Commodity Code.
6. Record the Notice to Deliver No. shown in the space marked "N/D No." in the upper right on the KCCO 269A.
7. Check applicable box.
8. Record railroad car number, truck, or piggyback number.
9. Record date and time unloading started, and date and time unloading was completed.
10. When applicable, record the ocean bill of lading number, (For Overseas Shipments ONLY)

### SECTION B - OVERAGE, SHORTAGE, AND/OR DAMAGE

When a shipment is received over, short, and/or damaged, items 11 through 16 should be completed.

- 11A. Record the number of units shown on the (KCCO) 269A, Forwarding Notice.
- 11B. Record the number of units received.
- 11C. Record the number of units received over the quantity reported shipped on the 279A.
- 11D. Record the number of units received short of the quantity reported shipped on the 269A.

- 11E. Record the number of units received damaged of the quantity reported shipped on the 269A.
- 11F. Record the number of units received damaged of the quantity reported shipped on the 269A after unloading.
- 12A. Check applicable box.
- 12B. Show the information that will establish proof that the shipment was actually over, short, and/or damaged.
13. Check applicable box to show whether or not carrier's agent was present from time car or truck was opened until unloading was completed.
- 14A. Record the inbound seal numbers on all doors and the condition of the seals. If shipment was made and not sealed, show "no seals."
- 14B. If applicable, intermediate consignees on split shipments shall record the seal numbers placed on all doors.
- 15A,B, C. Complete all three items.
16. If the "yes" box is checked, explain how the agent responded (for example: made personal inspection; advised that they would not be available; advised consignee's inspection would suffice, etc.)  
  
If the carrier's agent did not respond, explain why (for example: no agent available; refused to inspect; did not acknowledge, etc.)
- 17A. Check applicable boxes.
- 17B. Record the temperature of the refrigeration unit located on the outside of the trailer, interior temp/ commodity.

### CONSIGNEE'S CERTIFICATION

Self-explanatory.

### CARRIER'S CERTIFICATION

Request that the carrier's agent complete these items, if the agent refuses, and if available, request a copy of the carrier's S&D report. If the carrier does not have a report make the following notation "Agent (insert name of driver) of (insert name of carrier) did not agree with this report. The reason for the dispute is (give brief explanation). A copy of the report was given to him/her on (insert date)." If the carrier's signature cannot be obtained within 10 days or if the carrier is not available, make the following notation "carrier did not respond" or carrier is not available."

**NOTE:** Only one form needs to be completed for a consolidation shipment. Make sure all overages, shortages and damages are fully explained. If necessary please attach a separate sheet. Item 6 - please list the consolidation number rather than the ND.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR NUTRITIONAL HEALTH AND SERVICES  
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
COMMODITY SUPPLEMENTAL FOOD PROGRAM  
**MONITORING REVIEW – CSFP CONTRACT AGENCIES**

ATTACHMENT 19

SECTION I. GENERAL INFORMATION				
INSTITUTION NAME		CONTRACT NUMBER		
ADDRESS		DATE		
CONTACT PERSON		NUMBER OF FOOD STORAGE SITES UNDER JURISDICTION		
NUMBER OF DISTRIBUTION SITES UNDER JURISDICTION		NUMBER OF CERTIFICATION ONLY SITES UNDER JURISDICTION		
SECTION II. FINANCIAL MANAGEMENT (3.4 & 247.9) AND RECORDS (3.5 & 247.13)				
1. Are the following items on file at the local non-profit contract agency	YES	NO	N/A	COMMENTS
a. Contract with MDHSS-CFNA.				
b. Copy of application and application materials.				
c. Copy of Policy and Procedure Manual.				
d. Copies of Record of Expenditures and Administrative Claims.				
e. Copies of agreements with all sub-distributing, certification, and food storage sites.				
f. Copies of FNS-53, USDA Multifood Requisitions, receiving documents and FNS-57, Report of Shipment Received Over, Short and/or Damaged.				
g. Copies of FNS-153, Monthly Report of the CSFP and Quarterly Administrative Financial Status Report.				
h. Proof of deposit of CSFP reimbursements. \$ _____ received for month of _____.				
2. Is there a system in place to retain all records with respect to the Program for a period of 3 years following the end of applicable federal fiscal year?				
3. Are records maintained to support the Record of Expenditures and Administrative Claim?				
4. Is there an equipment inventory maintained for items purchased with CSFP funds?				
5. Does the contractor compare actual expenditures to approved budget on an on-going basis?				

ITEM	BUDGETED AMOUNT	AMOUNT CLAIMED	REVIEWED VERIFIED
SALARIES AND FRINGE BENEFITS (Staff time documented? (3.4.3.3))			
TELEPHONE			
POSTAGE			
PRINTING			
OFFICE SUPPLIES (LIST)			
EQUIPMENT (LIST): PRIOR APPROVAL REQUIRED (Software > \$300 or Equipment > \$1,000)			
TRAVEL (STAFF TRAVEL)			
TRANSPORTATION COSTS			
SPACE AND FACILITIES			
OTHER COSTS (LIST)			
TOTAL DIRECT COSTS			
INDIRECT COSTS (MAY NOT EXCEED 8% OF DIRECT COSTS)			
GRAND TOTAL ALL COSTS			

**SECTION III. RECEIPT, STORAGE AND DISTRIBUTION OF COMMODITIES (247.4 & 250B)**

	YES	NO	N/A	COMMENTS
1. Are adequate personnel and facilities available for the receipt, storage and distribution of CSFP Commodities:				
2. Is food organized in a manner to allow an accurate physical inventory count?				
3. Is food stored on pallets, four inches from the wall?				
4. Is the warehouse kept clean and secure?				
5. Is the temperature kept at a level to assure retention of food quality?				
6. Is there a system in place to assure first-in, first-out?				
7. Are FNS-57, Report of Shipment Received Over, Short and/or Damaged completed when required?				
8. Are unaccountable gains and losses reflected on FNS-153, Monthly Report of the CSFP and Quarterly Administrative Financial Status Report, kept to a minimum?				
9. Are losses due to food demonstrations supported with participant sign-in log sheets?				

**SECTION IV. CERTIFICATION (3.2 & 247.7) AND NUTRITION EDUCATION (3.3 & 247.8)**

(See Participant Review Worksheet)

	YES	NO	N/A	COMMENTS
7. Do sub-contractors certify each applicant prior to the issuance of program benefits?				
8. Do sub-contractors maintain a waiting list of individuals who apply for the Program on-site when funding is not available to provide Program benefit?				
9. Do sub-contractors make notifications and referrals in accordance with Program policies and procedures?				
10. Is nutrition education thoroughly integrated into Program operations?				
11. Are Supplemental Foods used for food demonstrations documented on the FNS 153?				

**SECTION V. GENERAL ADMINISTRATION AND TECHNICAL ASSISTANCE (3.1 & 247.6)**

1. Forms used by the contractor collect all required data in an efficient, effective manner.				
2. Contractor has an effective method for monitoring program records and providing feedback for noncompliance issues.				
3. Contractor has a procedure in place to notify sub-contractors of the contractor's policies and procedures.				
4. Contractor has adequate supervisory and operational personnel for effective management and monitoring.				
5. Training provided to sub-contractors under jurisdiction is provided in accordance to the management plan. Training was directly related to CSFP issues. Training is provided at least annually.				
6. Contractor has a system in place to:				
a. Evaluate the training needs of the subcontractors.				
b. Evaluate the training provided.				
c. Document date, location, topics, and names of participants.				
7. Does contractor provide technical assistance materials to sub-contractors such as newsletters, brochures, etc.? Is information accurate?				

**SECTION VI. CORRECTIVE ACTIONS**

1. Date of last monitoring.	2. Date of last organizational wide audit (OWA).	3. Was copy of OWA forwarded to MDHSS? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Major findings from last monitoring visit.		
5. Have findings been corrected? <input type="checkbox"/> Yes <input type="checkbox"/> No  If not, what problems continue?		

**SECTION VII. CIVIL RIGHTS**

FNS Instructions 113-2, Rev. 1. Indicate the racial/ethnic makeup of the enrollment at the time of this review:  
(Report actual number of participant)

American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
Within the above racial categories, indicate how many are of Hispanic or Latino ethnicity.				
	<b>YES</b>	<b>NO</b>	<b>N/A</b>	
1. Do admission procedures restrict enrollment by minority persons?				
2. Do all materials used to publicize the CSFP to participants and the public contain the nondiscrimination statement and procedure for filing a complaint? (Attach copies.)				
3. Is the Civil Rights statement displayed?				
4. Is data on file to document the number of potential eligible participants for the geographic area served by the contractor by racial/ethnic category?				
5. Is the institution providing program information and compliance procedures on request in the appropriate translation?				
6. Are all services and facilities accessible and used routinely by all persons without regard to race, color, national origin, sex, or disability?				
7. Were there any verbal or written complaints of discrimination prior to this review?				
8. In the opinion of the reviewer, based on information contained in this review and personal observation, does the institution appear to be in compliance with Title VI of the Civil Rights Act of 1964? (If no, indicate on a separate sheet, 1) What the areas of noncompliance are, and 2) Recommendations for corrective action and follow-up.)				

**SECTION VIII. EXIT CONFERENCE**

1. Findings

2. Comments and/or Suggestions

3. Recommendations

**PROGRAM REVIEWED BY**

CSFP CONSULTANT

DATE

**THIS REVIEW WAS DISCUSSED WITH**

SIGNATURE



TITLE

DATE



**DISTRIBUTION AND CERTIFICATION SITE VISIT WORKSHEET**

<b>GENERAL INFORMATION</b>				
AGENCY NAME:	DATE:			
ADDRESS:	NUMBER OF FOOD PACKAGES DISTRIBUTED LAST MONTH			
<b>CERTIFICATION PROCESS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
Do applications contain identifying information for each participant?				
Do applications contain dates-of-birth?				
Do applications contain SSN and household income information?				
Have applicants signed and dated the forms?				
Has the agency documented				
Proof of age/eligibility				
Residency				
Health and social services referral				
Has the certifier signed and entered his/her title on all forms?				
Is eligibility determination identified?				
Are categories correctly identified?				
Are dates of certification documented?				
Is there 20 days or less between date of application and determination of eligibility?				
If certification requests were denied, are applications kept on file?				
If waiting list maintained, is priority correctly assigned?				
<b>DUAL PARTICIPATION</b>				
Are all category PG, PP, BF, INF and CH reported on the Dual Participation Roster?				
<b>NOTIFICATION REQUIREMENTS</b>				
For persons found to be ineligible during the certification period, is there documentation of verbal or written notification of reasons and appeal rights at least 15 days in advance of termination.				
Is there documentation of verbal or written notification at least 15 days in advance of the expiration of the most recent certification periods?				
<b>CERTIFICATION PERIODS</b>				
Pregnant-for duration of pregnancy plus 6 weeks.				
Elderly, other women, children and infants – 6 months.				
<b>NUTRITION EDUCATION</b>				
Is the agency prepared nutrition education distributed effectively?				
If food demonstrations offered, is there documentation of attendees?				
<b>FOOD DELIVERY</b>				
Is there documentation of the quantities and types of food issued?				
Are participants or proxy signatures and dates available verifying receipt of food each time it is issued?				
Are proxies used authorized by way of the form?				

**PARTICIPANT REVIEW WORKSHEET**

REVIEW 25% OF FOOD PACKAGES DISTRIBUTED LAST MONTH OR 25 WHICH EVER IS LESS.  
 ANNOTATE PROBLEMS. CHECK OR "X" IF NO PROBLEM NOTED.

PARTICIPANT NAME	INFORMATION MISSING	RECERTIFICATION OVER DUE	OTHER
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
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21.			
22.			
23.			
24.			
25.			


Missouri Department of Health and Senior Services

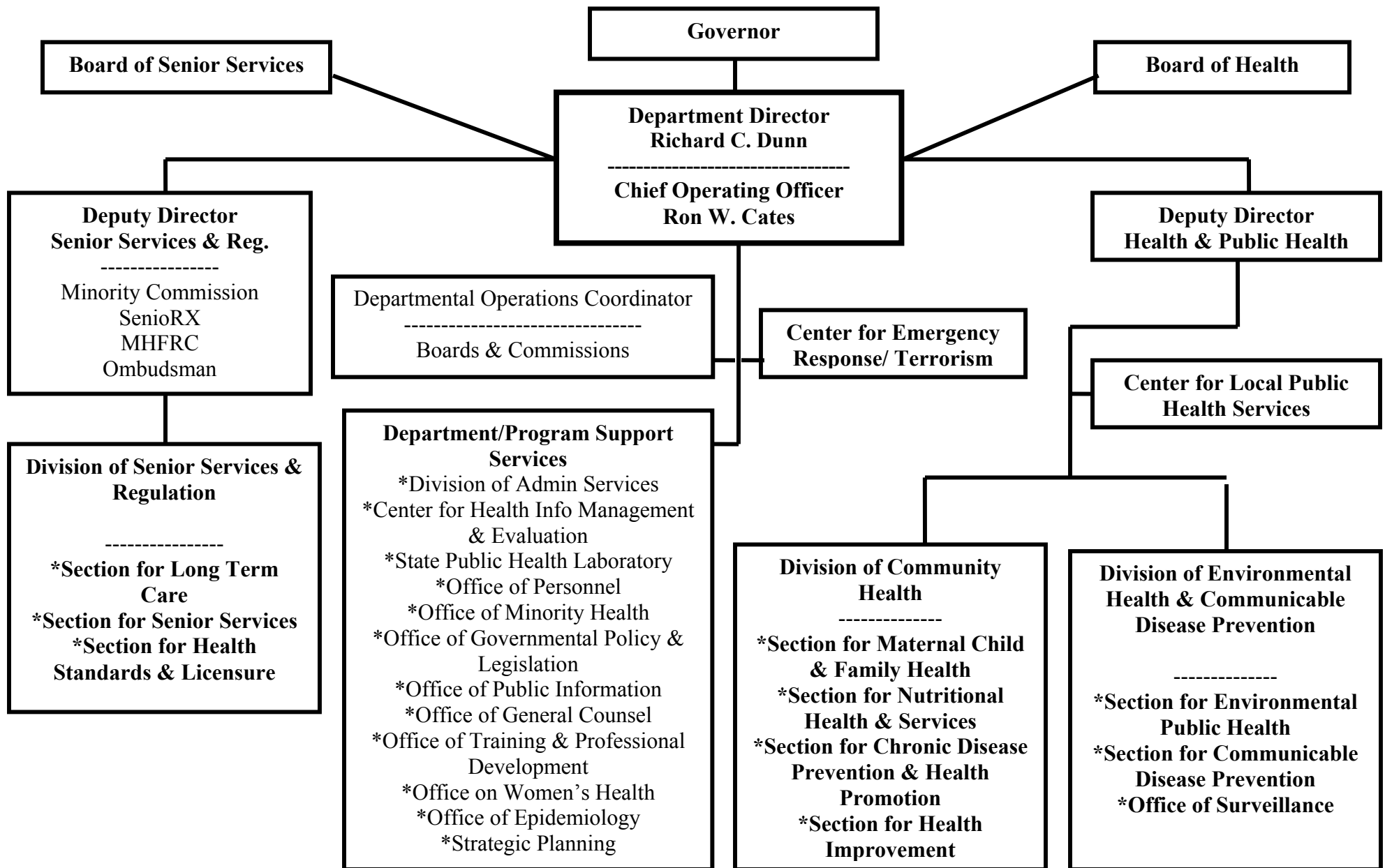
For the period 7/1/02 until amended the  
Indirect Rate for all programs is 31.3 percent.

Official documentation is available on request.  
Call 800-733-6251 or email [ramboj@dhss.mo.gov](mailto:ramboj@dhss.mo.gov)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 SECTION FOR NUTRITIONAL HEALTH AND SERVICES  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 COMMODITY SUPPLEMENTAL FOOD PROGRAM  
**RECORD OF EXPENDITURES AND ADMINISTRATIVE CLAIM**

NAME AND ADDRESS OF CONTRACTOR		CONTRACT NUMBER	
		EXPENDITURES FOR THE MONTH OF: (MM/YY)	
SALARIES AND FRINGE BENEFITS			
TELEPHONE			
POSTAGE			
PRINTING			
OFFICE SUPPLIES (LIST)			
EQUIPMENT (LIST): PRIOR APPROVAL REQUIRED			
TRAVEL (STAFF TRAVEL) ESTIMATED MILES PER MONTH x 12			
TRANSPORTATION COSTS			
SPACE AND FACILITIES			
OTHER COSTS (LIST)			
		TOTAL DIRECT COSTS	
INDIRECT COSTS (MAY NOT EXCEED 8% OF DIRECT COSTS)			
		GRAND TOTAL ALL COSTS	
<b>SIGNATURE</b>			
SIGNATURE BY THE AUTHORIZED REPRESENTATIVE CERTIFIES THAT:			
A. THE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND THAT RECORDS ARE AVAILABLE TO SUBSTANTIATE THE ABOVE EXPENDITURES. B. REIMBURSEMENT SHALL BE CLAIMED ONLY FOR ALLOWABLE PROGRAM COSTS. C. DEPARTMENT OFFICIALS MAY VERIFY INFORMATION. D. THE AUTHORIZED REPRESENTATIVE UNDERSTANDS THAT INFORMATION IS BEING GIVEN IN CONNECTION WITH THE RECEIPT OF FEDERAL FUNDS, AND THAT DELIBERATE MISREPRESENTATION MAY SUBJECT THE AUTHORIZED REPRESENTATIVE TO PROSECUTION UNDER APPLICABLE STATE AND FEDERAL CRIME STATUTES.			
SIGNATURE OF CSFP AUTHORIZED REPRESENTATIVE		TITLE	
			
SOCIAL SECURITY NUMBER		DATE	
<b>MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES USE ONLY</b>			
APPROVED BY		DATE	
TITLE			



## Distribution and Certification Sites, as of July 2003

**Bootheel Food Bank** has agreements with the following agencies to serve as Commodity Supplemental Food Program distribution and certification sites.

Caring Communities  
1200 Plant Rd  
Charleston, MO 63834

Chaffee Assembly of God  
3rd & Helen  
Chaffee, MO 63740

Christ Church of the Heartland  
720 Bertling  
Cape Girardeau, MO 63701

Delmo Housing Authority  
907 State St  
Lilbourn, MO 63862

Family Resource Center (FRC)  
1202 S Sprigg St  
Cape Girardeau, MO 63703

APPLE Project (FRC Certification Site)  
334 N Frederic St  
Cape Girardeau, MO 63701

Div of Senor Svcs (FRC Certification Site)  
130 S Frederic St  
Cape Girardeau, MO 63703

SEMO AAA (FRC Certification Site)  
1219 N Kings Hwy, Suite 1000  
Cape Girardeau, MO 63701

Lake Wappapello Methodist  
Highway D, 3 miles north of dam  
Wappapello, MO 63699

Lean On Me  
Trinity Luthern Church, Old Hwy 160  
Doniphan, MO 63935

Malden Church Of God  
1601 N Douglas  
Malden, MO 63863

Marble Hill Food Pantry  
305 W Main  
Marble Hill, MO 63764

Pemiscot Co Health Center  
810 E Reed St  
Hayti, MO 63851

Pemiscot Progressive Industries  
705 W Washington  
Hayti, MO 63851

Piedmont First Church of The Nazarene  
108 Elm St  
Piedmont, MO 63957

Revival Center  
914 Old Cape Rd  
Jackson, MO 63755

Sikeston Rescue Mission  
902 S Kings Hwy  
Sikeston, MO 63801

Smith Ave Church of God  
420 Smith St  
Sikeston, MO 63801

Stoddard Co Gospel Mission  
207 N One Mile Rd  
Dexter, MO 63841

United Gospel Rescue Mission  
421 W Pine St  
Poplar Bluff, MO 63901

Williamsville Assembly Of God  
State St & Hwy 49  
Williamsville, MO 63967

**Central Missouri Food Bank** has agreements with the following agencies to serve as Commodity Supplemental Food Program distribution and certification sites.

Central Missouri Food Bank Pantry  
1408 Indiana St.  
Columbia, MO 65201

Paris Senior Pantry  
112 East Marion  
Paris, MO 65275

Putnam Co. Senior Pantry  
116 South 17<sup>th</sup>  
Unionville, MO 63565

Salisbury Senior Pantry  
304 S. Broadway  
Salisbury, MO 65281

**Harvesters - The Community Food Network** has agreements with the following agencies to serve as Commodity Supplemental Food Program distribution and certification sites.

All Stars Community  
Outreach  
2701 E. 43rd Street  
Kansas City, MO 64130

Better Living Center  
7217 Troost  
Kansas City, MO 64131

Blue Summit Baptist Church  
1700 Bryan  
Kansas City, MO 64126

City on a Hill  
7795 SE Scott Rd.  
Holt, MO 64048

Daystar Ministries  
15605 E 24 Hwy  
Independence, MO 64050

Fishes and Loaves Food Pantry  
1315 E. Walnut  
Raymore, MO 64083

House of Love Church  
6135 Prospect Ave.  
Kansas City, MO 64130

Living Bread Ministries  
301 E.AA Hwy  
Blue Springs, MO 64014

Southern Platte Emergency Assistance  
Coalition  
819 Main St.  
Parkville, MO 64152

**Ozarks Food Harvest** has agreements with the following agencies to serve as Commodity Supplemental Food Program distribution and certification sites.

Bolivar Ministerial Alliance  
1877 W> Broadway  
Bolivar, MO 65549

Shepherd's Nook Food Pantry  
509 N. Main  
Salem, MO 65560

Texas County Food Pantry  
102-A E. Highway 17  
Houston, MO 65483

**St. Louis Area Food Bank** has agreements with the following agencies to serve as Commodity Supplemental Food Program distribution and certification sites.

AGAPE SDA  
6501 Bartmer  
St. Louis, MO 63130

AHEPA 53  
3607 Lemay Ferry  
St. Louis, MO 63125

Badenfest Senior Center  
8122 N Broadway  
St. Louis, MO 63147

Bavarian Towers  
4635 Ridgewood  
St. Louis, MO 63116

Branscombe Apts.  
5370 Pershing  
St. Louis, MO 63112

Centenary Towers  
1530 Locust  
St. Louis, MO 63103

Community Involvement  
1444 Goodfellow Assoc.  
St. Louis, MO 63112

CRI Pope John Paul  
6325 Waterways Dr.  
St. Louis, MO 63033

CRI Santa Maria  
12565 Santa Maria  
St. Louis, MO 63042

CRI St. John Neuman  
8424 Lucas&Hunt Rd  
St. Louis, MO 63136

Florissant SenCenter  
955 Rue St. Francois  
St. Louis, MO 63031

Grace Hill /Patch  
7925 Minnesota  
St. Louis, MO 63111

HDC Northside  
4548 Dr. M.L. King  
St. Louis, MO 63113

Home G. Phillips  
2601 Whittier  
St. Louis, MO 63113

Jewish Family  
10590 Schuetz Rd  
St. Louis, MO 63146

Bevo Towers  
4627 Ridgewood  
St. Louis, MO 63116

Bristol Place  
1267 Bristol Lane  
St. Louis, MO 63106

Clayton Missionary Baptist  
2801 Union Blvd  
St. Louis, MO 63115

Council Towers  
310 S Grand  
St. Louis, MO 63103

CRI San Luis  
4483 Lindel  
St. Louis, MO 63108

CRI St. Agnes  
2840 Wisconsin  
St. Louis, MO 63118

CRI St. Patricks  
583 Bluff Parks Dr  
St. Louis, MO 63301

Gillespie Apts  
4628 Labadie  
St. Louis, MO 63118

Grand Oaks Sen. Center  
4168 Juniata  
St. Louis, MO 63116

HDC Retirement Apts  
4100 Peck  
St. Louis, MO 63112

Hylton Pointe Apts.  
5500 Maple Ave  
St. Louis, MO 63112

JVL Apartments  
2829 Howard  
St. Louis, MO 63106

Blumeyer Arpts  
3310 Dr. M.L. King  
St. Louis, MO 63106

Carr Square  
1629 Biddle  
St. Louis, MO 63106

Cochran  
1112 N 9th  
St. Louis, MO 63106

CRI Alexian Court  
2636 Chippewa  
St. Louis, MO 63118

CRI Santa Anna  
3737 Ashby  
St. Louis, MO 63047

CRI St. Jo/Holy Infant  
7677 Watson  
St. Louis, MO 63119

Eads Square Apts  
2700 Henrietta  
St. Louis, MO 63104

Gods Great Faith Min  
3442 Ohio  
St. Louis, MO 63118

Greater Bethlehem  
3969 Washinton  
St. Louis, MO 63108

HDC Southside  
7714 South Broadway  
St. Louis, MO 63111

Jackson Park  
1220 Warren  
St. Louis, MO 63106

JVL Apartments II  
2801 Dr.M .L..King  
St. Louis, MO 63106



Les Chouteau  
1330 Chouteau  
St. Louis, MO 63103

LSS Dunn Rd Manor  
3399 Dunn Rd  
St. Louis, MO 63033

LSS Rose Hill  
225 W. Rosehill  
St. Louis, MO 63122

MEAA Douglas Manor  
546 Elm  
St. Louis, MO 63119

MEAA-Ochs  
630 Trinity  
St. Louis, MO 63130

Midtown Catholic  
1202 Boyle  
St. Louis, MO 63110

Murphy Blair  
1735 N 13th  
St. Louis, MO 63106

Park Place Apartments  
4399 Forest Park Blvd  
St. Louis, MO 63108

St. Andrews  
9600 Halls Ferry  
St. Louis, MO 63136

St. Luke's Plaza  
5602 Enright  
St. Louis, MO 63112

United Metro Ministries  
1040 So Taylor  
St. Louis, MO 63110

Webster Rock Hill  
111 Waymire Ave  
St. Louis, MO 63119

Love and Mercy Min  
206 Emerling  
St. Louis, MO 63121

LSS Halls Ferry Manor  
8725 Halls Ferry Rd  
St. Louis, MO 63147

Maryville Gardens  
4333 Nebraska  
St. Louis, MO 63116

MEAA Alpha Terrace  
6105 Etzel  
St. Louis, MO 63133

Mercy Seat  
4452 Washington  
St. Louis, MO 63108

Mt. Zion Apts  
3300 Park  
St. Louis, MO 63104

Ollie S Langhorst  
5800 Arsenal  
St. Louis, MO 63139

Parkview Apartments  
701 Westgate  
St. Louis, MO 63130

St. Raymonds  
1015 Park Ave  
St. Louis, MO 63104

Teamsters Manor  
9516 Weyburn  
St. Louis, MO 63136

Urban League  
8960 Jennings Sta. Rd  
St. Louis, MO 63136

William Clay Sen. Center  
5623 Clemen Ave  
St. Louis, MO 63112

LSS Booth  
3131 Iowa  
St. Louis, MO 63118

LSS James House  
4310 St. Ferdinand  
St. Louis, MO 63113

Maryville Gardens II  
4333 Nebraska  
St. Louis, MO 63116

MEAA Kirkwood Sen. Center  
3855 So Taylor  
St. Louis, MO 63122

Metro Village Apts  
3114 Franklin Ave  
St. Louis, MO 63106

Mt. Zion Church  
1444 Compton  
St. Louis, MO 63104

Our Lady of Perpetual Help  
4335 Warne  
St. Louis, MO 63107

Roosevelt Towne Apts  
711 N Euclid  
St. Louis, MO 63108

St. Trinity Lutheran  
517 Koeln  
St. Louis, MO 63111

Union West  
5890 Ridge Ave  
St. Louis, MO 63112

Vaughn Towers  
1908 Ofallon  
St. Louis, MO 63106

Winter Gardens  
5708 Kingsbury Pl  
St. Louis, MO 63112